



# AUSTRALIAN MOHAIR

MARKETING ORGANISATION LTD

A.B.N. 84 002 591 737

Phone 02 6959 2988 Fax 02 69593004

Is shearing complete? Yes  No

Total Bales this Shearing \_\_\_\_\_

Delivered to \_\_\_\_\_ Rec. Centre

Please complete this form carefully and forward by fax or mail to AMMO or insert inside your first bale

<b>BRAND</b>	<b>PROCEEDS INSTRUCTIONS</b>
<b>TRADING NAME</b> _____	CHEQUE TO OWNER (COST \$5) Yes/ No <input type="checkbox"/>
A.B.N. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Or EFT Yes <input type="checkbox"/> No <input type="checkbox"/>
Postal Address. _____	*Bank/Cr Un/Bld Soc _____
Town _____ Post Code _____	Branch _____ BSB No. ____/____/____
Phone No. (____) _____	Account No. _____
EMAIL (____) _____	Account Name _____
Date _____ GST Registered? YES /NO	<small>*Cross Out whichever does not apply</small>
	Classed — Date _____
	Classer's Signature _____
	Classers Name _____

CONSIGNMENT NOTE

C	Bale No	Layer	Your Description	Shearing (i.e. 1st, 2nd)	KempFree/ FNF/Light/Med	Vegetable Fault FNF/Light/Med	Approx. Kgs.	Please check the appropriate box below. (If no box is checked, advance will <b>not</b> be paid)											
								<input type="checkbox"/>	Yes I would like to receive an advance payment (\$2/Kg) if applicable	<input type="checkbox"/>	No, I do not require an advance payment on this occasion.	Bale No	Layer	Your Description	Shearing (i.e. 1st, 2nd)	KempFree FNF/Light/Med	Vegetable Fault FNF/Light/Med	Approx Kgs.	
L																			
A																			
S																			
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E																			
T																			
A																			
I																			
L																			
S																			

**NOTE: WHEN FILLING IN CLASSING DETAILS, YOU MUST COMPLETE THE SHEARING / AGE GROUP DETAILS.**