AUSTRALIAN MOHAIR

MARKETING ORGANISATION LTD

A.B.N. 84 002 591 737

Phone 02 6959 2988 **Fax** 02 69593004

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

Is shearing complete ? Yes ☐ No ☐

Total Bales this Shearing _____

Delivered to _____ Rec. Centre

BRAND

TRADING NAME _____

A.B.N. ☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Postal Address. _____ _____

Town _____ Post Code _____

Phone No. ( ) _____ _____

EMAIL (_____

GST Registered? YES /NO

PROCEEDS INSTRUCTIONS

CHEQUE TO OWNER (COST $5) Yes/ No ☐

Or EFT Yes ☐ No ☐

*Bank/Cr Un/Bld Soc _____

Branch _____ BSB No. __ __ __/ __ __ __

Account No. _____

Account Name _____

*Cross Out whichever does not apply

Classed — Date _____

Classer's Signature _____

Classers Name. _____ _____

CONSIGNMENT NOTE

CLASSING DETAILS	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 **not** be paid)

☐ Yes I would like to receive an advance payment ($4/Kg) if applicable

☐ 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.

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