

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

Shearing (I.e. 1st, 2nd)

Bale No Layer Your Description

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	Plea	ase comp	lete this i	form ca	arefully and forward	l by fax or m	ail to A	MMO or in:	sert inside your fir	st bale			
BRAND							PRO	CEEDS IN	STRUCTIONS				
						СН	EQUE TO	O OWNER	(COST \$5) Yes/	No	C O		
						Or	EFT		Yes	No 🗌	N S		
TRADING NAM	<u>E</u>										I		
A.B.N.								*Bank/Cr Un/Bld Soc					
						Bra	nch	E	BSB No	_/	M		
Postal Address.								Account No					
Town Post Code							Account Name						
Phone No. (<u> </u>					*Cross	Out whichever do	pes not app ly					
EMAIL (Cla	ssed — D	ate			N		
Date	Date GST Registered? YES /NO							Classer's Signature					
					eck the appropriate b						E		
KempFree/ FNF/Light/Med	FNF/Light/Med	vegetable I aut [Approx.]									on.		
			Bale No	Layer	Your Description	Shearing (I.e. 1st, 2n		empFree /Light/Med	Vegetable Fault FNF/Light/Med	Approx Kgs.			

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