



Phone 02 6959 2988 Fax 02 69593004

Delivered to _____ Rec. Centre

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

BRAND

RMS Cert on file

please tick (office use)

TRADING NAME

A.B.N.

Postal Address.

Town

Phone No.

EMAIL

Date _____

GST Registered? YES /NO

PROCEEDS INSTRUCTIONS

CHEQUE TO OWNER (COST \$5) Yes/ No

Or EFT

Yes

*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 NOTES

[illegible]

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