



GRAFTED VINES ORDER FORM

CUSTOMER NAME: _____
 ADDRESS: _____
 POST CODE: _____
 TELEPHONE NO: _____ FACSIMILE NO: _____

				OFFICE USE ONLY				
NO. OF VINES	VARIETY	PREFERRED CLONE	ROOTSTOCK	PRICE *	DATE	AMOUNT PAID	RECEIPT NO.	ENTERED BY (INITIAL)

- G.S.T. NOT INCLUDED *
- STANDARD TERMS AND CONDITIONS - SEE REVERSE SIDE
- TRANSPORT TO BE ORGANISED BY CUSTOMER : YES / NO
- DEPOSIT OF \$1.00 PER VINE APPLIES
- PLEASE SIGN AND RETURN FORM TO ABOVEMENTIONED ADDRESS WITH DEPOSIT (RECEIPT TO FOLLOW BY MAIL)

DEPOSIT TO BE PAID: \$ _____

DATE: _____

STANDARD TERMS & CONDITIONS READ & AGREED

CUSTOMER'S SIGNATURE: _____

THANK YOU FOR YOUR ORDER