

**PACIFIC OYSTER SEED ORDERS
CAMERON OF TASMANIA P/L
PH 0362 535111 FAX 0362 535278**

DATE

COMPANY/BUSINESS NAME

POSTAL ADDRESS FOR ACCOUNTS

ABN

CONTACT PERSON

PHONE

FAX

MOBILE

EMAIL

MARK APPROPRIATE BOX

PRODUCT DELIVERY TO 3rd PARTY RECIPIENT MUST BE AUTHORISED BY THE PARTY LIABLE FOR THE ACCOUNT	Cowell	<input type="checkbox"/>		Smithton	<input type="checkbox"/>
	Port Broughton	<input type="checkbox"/>		Devonport	<input type="checkbox"/>
	Stansbury	<input type="checkbox"/>		St Helens	<input type="checkbox"/>
	Port Lincoln	<input type="checkbox"/>		Coles Bay	<input type="checkbox"/>
	Coffin Bay	<input type="checkbox"/>		Pittwater	<input type="checkbox"/>
	Streaky Bay	<input type="checkbox"/>		Pipeclay	<input type="checkbox"/>
	Smoky Bay	<input type="checkbox"/>		Hobart	<input type="checkbox"/>
	Ceduna	<input type="checkbox"/>		Collect	<input type="checkbox"/>
	Other	<input type="checkbox"/>		Other	<input type="checkbox"/>

NOTE- FINANCIAL YEAR REQUESTED

PRODUCT DETAILS		FOR THE YEAR(S)						
Month	Size/number (000)		/	/	/	/	/	
		3000	4000	5000	6000	8000	other	PLEASE USE AS FOLLOWS MARK THOUSANDS ONLY ie 100 = 100,000 1000 = 1 MILLION
Jul								
Aug								
Sep								
Oct								
Nov								
Dec								
Jan								
Feb								
Mar								
Apr								
May								
Jun								

SPECIAL REQUESTS please note family line and type required in this section.

SIGNATURE OF AUTHORISED PERSON. (The person responsible for the payment of the account)
PRINT NAME

OFFICE USE.