



ABN: 94 160 423 021

## Outturn Order

**Owner/Grower Details:**

Name:			
NGR:			
Address:			
Telephone:		Fax:	
Email:			

SITE: (Please Circle)      LAKAPUT   /   LAKE BOLAC
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Start Date	End Date	Season	Commodity	Grade	Quantity

Destination:	Carrier Name:	Carrier Phone:	Additional Information:

**Authorisation:**

Authorised By	
Telephone:	

I, the undersigned Verify that the information contained in this form is true and correct to the best of my knowledge

Signed:	
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All fields must be filled in correctly to ensure that this form is valid.  
For full terms and conditions please see the current storage and handling agreement

**PLEASE RETURN:** via fax (03) 5340 7201  
or email to [lakaput@brgrain.com.au](mailto:lakaput@brgrain.com.au) or [lakebolac@brgrain.com.au](mailto:lakebolac@brgrain.com.au)