

## SCHEDULE 3. – COMMODITY OUTTURN ORDER

### OWNER / GROWER DETAILS

OWNER NAME :

OWNER REFERENCE:

CONTACT:

### ORDER DETAILS

SITE:

DESTINATION:

START DATE:

CARRIER NAME:

END DATE:

CARRIER PHONE:

COMMODITY:

ADDITIONAL INFO:

GRADE:

QUANTITY (MT):

### AUTHORISATION

AUTHORISED BY:

PHONE:

EMAIL:

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

SIGNED:

All fields must be filled in correctly to ensure the form is valid

For full terms & conditions please refer to current storage & handling agreement

Please return by fax to 02 8088 3084 or by email to [admin@auststoragealliance.com.au](mailto:admin@auststoragealliance.com.au)