



**RECYCLE  
SOUTH**

## Customer Information

Farm Name: \_\_\_\_\_

Contact Name (farm owner): \_\_\_\_\_

Farm Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Area/Location: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Fonterra Number: \_\_\_\_\_ AgRecovery Number: \_\_\_\_\_

Method of Payment:  EFTPOS  FARMLANDS  INVOICE

Farmlands Card Details: \_\_\_\_\_

Purchase Order Number (optional): \_\_\_\_\_

Baleage Contractor: \_\_\_\_\_

I give consent for my information to be provided to other industry providers

## Office Use Only

Weighbridge Entered

Xero Entered

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_