



**RECYCLE
SOUTH**

Customer Information

Farm Name: _____

Contact Name (farm owner): _____

Farm Address: _____

_____ Post Code: _____

Area/Location: _____

Billing Address: _____

_____ Post Code: _____

Phone: _____ Mobile: _____

Email address: _____

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:

