

WHOLESALE REQUEST FORM

The Residue and Microbial Test Program for Australia's Fresh Produce Industry

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WHOLESALE: _____ **BUYING BRAND:** _____
LOCATION: _____
PHONE: _____ **FAX:** _____
EMAIL: _____

								OFFICE USE ONLY
SAMPLE 1								Batch#
Grower Name: _____								
Email: _____								
Address: _____								
Suburb _____ State _____ Postcode _____								
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								
SAMPLE 2								
Grower Name: _____								
Email: _____								
Address: _____								
Suburb _____ State _____ Postcode _____								
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								
SAMPLE 3								
Grower Name: _____								
Email: _____								
Address: _____								
Suburb _____ State _____ Postcode _____								
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								

Do you require a separate invoice for each grower? ☐ Yes ☐ No

Please Note:

For each test requested approximately 1kg of product is required.

SIGNED: (Authorised representative) _____ DATE: _____

NAME: (Please print name) _____