

Client Name	<input type="text"/>	Property Name	<input type="text"/>
Client Phone	<input type="text"/>	Client UHF	<input type="text"/>
Agronomist Name	<input type="text"/>	Agronomist Phone	<input type="text"/>

Order Details

Order Date	<input type="text"/>	Ordered By	<input type="text"/>
Date Required	<input type="text"/>	Time Required	<input type="text"/>
Order No	<input type="text"/>	Product Supplier	<input type="text"/>

Field No/Name	Crop Type	Ha to Treat	Product Type/Name	Rate/ha	Total Product	Water Volume	Wind Direction

The information required below applies to your property as well as all adjoining properties or any in proximity to the area/s to be treated. Please consult *all* relevant parties prior to completing this section, to ensure that the information supplied is accurate.

<input type="checkbox"/> Field and/or neighbouring workers present	<input type="text"/>
<input type="checkbox"/> Pastures and grasslands	<input type="text"/>
<input type="checkbox"/> Susceptible crops	<input type="text"/>
<input type="checkbox"/> Dairies, bees, grazing stock	<input type="text"/>
<input type="checkbox"/> Houses, school buses	<input type="text"/>
<input type="checkbox"/> Roads and / or stock routes	<input type="text"/>
<input type="checkbox"/> Waterways, drainage channels, rivers, dams	<input type="text"/>
<input type="checkbox"/> Power lines	<input type="text"/>
<input type="checkbox"/> Other environmental / safety concerns	<input type="text"/>

Comments

Signature* _____ Date _____

** Receipt of an electronically completed form will be accepted as your signature and authority to undertake the above work*

Please forward completed order forms to either the email address or fax number at the top of this form. Thank you