

# Customer Order Form



**AG Culture Pty Ltd**  
**PO Box 60**  
**Kadina. SA 5554**

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 ACN: 629 768 010  
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 ✉ [gavin@agculture.com.au](mailto:gavin@agculture.com.au)

**Date Ordered** \_\_\_\_\_ **PO Number** \_\_\_\_\_

**Manufacturer** \_\_\_\_\_

**Trading Name** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ **Post Code** \_\_\_\_\_

**Email** \_\_\_\_\_

**ABN** \_\_\_\_\_

**Mobile No:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PRODUCT CODE	QTY	DESCRIPTION	PRICE

OFFICE USE ONLY			
Inv.#	Date: / /	Inv.\$	Emailed or Posted

