



Est. 1948

F.W. Westmore & Son Pty. Ltd. Grower Information Sheet

BUSINESS DETAILS: NAME: (Trading entity) _____

ACN NO. (IF COMPANY) _____

ABN NO. _____ TAX FILE NO. _____

CONTACT NAMES: _____

ADDRESS DETAILS: _____

TOWN: _____

STATE: _____ POSTCODE: _____

IF OUTSIDE VICTORIA: INTERSTATE PROVIDER NO. (if applicable) _____

CONTACT NUMBERS: SHED: _____ HOME: _____

MOBILE: _____ FAX: _____

EMAIL ADDRESS: _____

QUALITY ASSURANCE STATUS:

Please provide verification numbers and copy of certificates.

ISO _____ WVQMS _____

SQF 2000 _____ OTHER _____

NON HACCP SUPPLIERS

We will provide spray diaries and consent to product testing pending our business HACCP plan being certified.

FORM COMPLETED BY: _____

POSITION: _____

SIGNATURE _____ **DATE:** ____ / ____ / ____

If you have a supply program for this season that you should like to discuss with our Sales Manager please send it through. Completed forms and all other relevant material can be sent via mail to:

Mailbox 115, Melbourne Markets, 542 Footscray Rd, West Melbourne 3003 or Fax: 03 9687 1518
