APPLICATION FOR SHEARING ADVANCE

A.B.N 24 000 899 847 Woolbrokers since 1920 1-3 Ironbark Street Temora PO Box 85 Temora, NSW 2666 P: 02 6977 3100 F: 02 6978 0008 E-mail: mmoses@mosesandson.com.au

Website: www.mosesandson.com.au

Date:		Purch. Org:		Wool Rep:			
	ly for a shearin	g advance:					
Trading N	ame: _						
Address:	_						
Telephone	e: _		F	Fax:			
G1) Amount Required: \$				Approx. Shearing Date:			
G2) No. Sheep to be shorn:				G3) Expected Cut/head:			
G4) Exped	cted Clip Size: ((G2xG3/175)(175 = Cur	rent Avg Clip Size)	Advance\$/bale:	(G1/G4)		
Date Requ	uired: _			Clip Type and p	rofile:		
I/We	understand the follo	wing conditions apply:					
• The A	dvance is to pay for	shearing expenses of t	the nominated shee	ep.			
Advan	ces will only be grar	nted for up to a maximu	um of 30% of the es	stimated clip value.			
• The w	ool will be delivered	to Moses and Son Wa	rehouses (Temora.	Wagga Wagga, Con	dobolin).		
		d and will not be the su	•		,		
	ces and the adminis	tration fees of 9% p.a.	, , ,	•	the wool. (Min Adr	min fee =	
	wool is held in store dvance and the adm	for more than six weel inistration fee.	ks after delivery, Mo	oses & Son may sell	such wool as nece	ssary to	
		ation/trading details on any information/trading		nd correct at the time	of signing, and I/W	e will notify	
Proceeds to be		Picked Up Posted Banked Direct De		Deposited			
Bank A/C	Name:						
Bank:		Branch:					
BSB:	_	Account No.:					
Applicant	s Signature: _						
Print Nam	e: _						
(Office Use	Only)						
Date	Sale No.	Amount Deducted	No. of Days	Admin Fee	Balance owing	Verified	

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Merlin

Quality Form QF-56

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Spreadsheet