



**Better Food. Better Health. Better World.**

**SEED PROCESSOR BAG LABELS  
AND OTHER REQUIREMENTS  
ORDER FORM**

MNAQ: PO Box 1335, Tullamarine, VIC, 3043 Australia  
Tel: (03) 8318 9015 / Fax: (03) 8318 9002 | [www.mxnsaq.com/au/seeds-grain-testing-inspection/](http://www.mxnsaq.com/au/seeds-grain-testing-inspection/)

Label orders for the forthcoming harvest should be placed now. Please ensure that enough stock is ordered to cover your requirements. Orders should be placed in advanced to ensure a timely delivery. As stock will be couriered, please detail the property address of where delivery is to take place. Delivery freight will be charged to the customer nominated.

Please return forms via email to [timothy.reid@mxnsaq.com](mailto:timothy.reid@mxnsaq.com) or [seedsadmin@mxnsaq.com](mailto:seedsadmin@mxnsaq.com) or Fax (03) 8318 9002.

**Label Order for a Specific Seedlot:**

Company: \_\_\_\_\_

Authority to Move Number: \_\_\_\_\_ ATM attached:  Yes  No

Species (Common Name): \_\_\_\_\_

Variety: \_\_\_\_\_

Synonym (If applicable): \_\_\_\_\_

Line Number: \_\_\_\_\_

Weight of Bags (kg): \_\_\_\_\_ Weight of Seedlot (kg): \_\_\_\_\_

Quantity of Labels Required: \_\_\_\_\_

**TAGS**

<b>OECD Tags:</b>	<b>Domestic Tags:</b>	<b>AOSCA Tags:</b>
<input type="checkbox"/> Pre-Basic (White)	<input type="checkbox"/> Pre-Basic (White)	<input type="checkbox"/> AOSCA Foundation (White)
<input type="checkbox"/> Basic (White)	<input type="checkbox"/> Basic (White)	<input type="checkbox"/> AOSCA Registered (Purple)
<input type="checkbox"/> 1 <sup>st</sup> Gen (Blue)	<input type="checkbox"/> Certified (Green)	<input type="checkbox"/> AOSCA Certified (Blue)
<input type="checkbox"/> 2 <sup>nd</sup> Gen (Red)		

**Seedcare Pre-Printed Tags**

**BAGS**

Small Calico Bags (19 x 23 cm)       Large Calico Bags (21 x 29 cm)

**Office Use Only**

Business Manager (or their nominee) approval for issue of OECD & Domestic Pre-Basic/Basic Tags

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dispatch Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Invoiced Date: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

Tracking Number: \_\_\_\_\_

\_\_\_\_\_

Date Required: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Customer Details:** \_\_\_\_\_

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

**Tel:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

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