



# WHOLESALE REQUEST FORM

The Residue and Microbial Test Program for Australia's Fresh Produce Industry



## MARKETWEST

Phone: (08) 9455 2742  
Fax: (08) 9455 4923  
Email: inci@marketwest.com.au

**WHOLESALER:** \_\_\_\_\_ **BUYING BRAND:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

								OFFICE USE ONLY
<b>SAMPLE 1</b>								Batch#
Grower Name: _____								
Email: _____								
Address: _____								
		Suburb			State	Postcode		
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								
<b>SAMPLE 2</b>								Batch#
Grower Name: _____								
Email: _____								
Address: _____								
		Suburb			State	Postcode		
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								
<b>SAMPLE 3</b>								Batch#
Grower Name: _____								
Email: _____								
Address: _____								
		Suburb			State	Postcode		
Product Type: _____ Variety: _____								
Test Required:	C3	C4	C5	C6				
Test Required:	HM1	HM2	HM6	HM10				
Test Required:	M1	M2	M2C	M3	M5	M9	M11	
Test Required:	DM					M23	M24	
Comments/Other Test: _____								

Do you require a separate invoice for each grower?  Yes  No

**Please Note:**

For each test requested approximately 1kg of product is required.

SIGNED: (Authorised representative) \_\_\_\_\_ DATE: \_\_\_\_\_

NAME: (Please print name) \_\_\_\_\_

PLEASE FAX TO Market West (08) 9455 2742 OR  
EMAIL inci@marketwest.com.au ONE DAY PRIOR TO COLLECTION