



FLEECE TESTING APPLICATION FORM

WOOL TESTING BUREAU S.A.

Name:

Postal Address:

.....Postal Code:

Telephone No:

Fax No:

Vat Registration No:

Company Registration No:

Contact person details:

Name & Surname: Mr. Ms.

e-mail address:

Banking Details:

Bank Name:

Account Name:

Account Number:

Branch Code:

TERMS: 30 days from statement date.

WTB26

August 2009