



SAMPLE REQUEST

SEND TO:

NAME :	
COMPANY:	
ADDRESS:	
TELEPHONE:	
FACSIMILE:	

COURIER DETAILS:

COMPANY :	
ACCOUNT NUMBER:	
PHONE NUMBER:	

REQUESTED BY:

NAME:	
COMPANY:	
TELEPHONE:	
FACSIMILE:	
EMAIL:	

SAMPLE DETAILS:

Laboratory Ref. No.	Port Zone / Site:	Commodity/Grade:	Amount Required:	

REMARKS / SPECIAL INSTRUCTIONS

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SUBMIT SAMPLE REQUEST TO:

Karen Magann
GrainCorp Operations Limited
16 Mann St (PO Box 136)
Toowoomba QLD 4350
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Fax: (07) 4639 9237
Email: kmagann@graincorp.com.au