



2017 Olive Harvest Information Sheet

Customer Number: (where existing customer)

Trade Name:

Contact Person:

Grove Address:
.....

Mailing Address:
(for invoicing)

Phones:
(Home) (Work)

Mobile:

Email:

Harvest Forecast Information:

1. Varietal no.of trees est. total weight (kgs)
2. Varietal no.of trees est. total weight (kgs)
3. Varietal no.of trees est. total weight (kgs)
4. Varietal no.of trees est. total weight (kgs)
5. Varietal no.of trees est. total weight (kgs)
6. Varietal no.of trees est. total weight (kgs)

Anticipated Harvest Start Date:

Pre-printed Labels – please specify quantity required

*Please detach this form and return ASAP to: Mike Hanson
PO Box 137
Greytown 5742
Email: mike@theolivepress.co.nz*