



IFOAM APPLICATION

1. CLIENT DETAIL

TRADING NAME	
ACO CERTIFICATION #	
POSTAL ADDRESS	
PREMISES ADDRESS (Address you wish to have certified)	
TELEPHONE	
FAX	
EMAIL	

2. PRODUCTS

List products that you wish to include under IFOAM program.	
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3. AGREEMENT

1	I understand that I have to follow ACO's instructions and disclose necessary documents at any time on ACO's request.	<input type="checkbox"/> YES
2	I understand that I have to comply with the ACO IFOAM program and handle the ACO IFOAM logo appropriately.	<input type="checkbox"/> YES

I HEREBY DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

NAME

TITLE

SIGNATURE

DATE



IFOAM APPLICATION

PLEASE TICK YOUR PAYMENT METHOD

Please reference **ALL** payments with your trading name & send remittance advice to: Fax: 07 3350 5996 or Email: accounts@aco.net.au

DIRECT CREDIT VIA EFT

To make payment via EFT *you must*:

1. Contact the ACO office on ph. 07 3350 5706 or email accounts@aco.net.au to:

- receive an invoice number for referencing the transaction
- receive bank account details for making payment

Fax or email a remittance advice upon making the payment. Fax: 07 3350 5996 or Email: accounts@aco.com.au

CHEQUE OR MONEY ORDER PAYMENT

FOR ACO:

Make payable to: Australian Certified Organic

CREDIT CARD

CARD TYPE (PLEASE TICK)

BANKCARD MASTERCARD VISA [We are unable to accept AMEX]

NAME ON CARD		SIGNATURE	
AMOUNT (AUS\$)		CARD EXPIRY DATE	mm/yy

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