



# ADDITIONAL PRODUCT APPLICATION

## CLIENT DETAILS

FULL NAME:		REGISTRATION NO:	
TRADING NAME:		PRODUCT NAME:	(COMMERCIAL TRADE NAME)
ADDRESS 1:		TELEPHONE:	
ADDRESS 2:		FAX:	
SUBURB OR TOWN:		MOBILE:	
STATE & PC:		EMAIL:	

## ADDITIONAL PRODUCT DETAILS

FINISHED REGISTERED PRODUCT (NAME) SEEKING CERTIFICATION:

LIST YOUR OWN BRANDS USED TO IDENTIFY THIS FINISHED REGISTERED PRODUCT: (PLEASE ENSURE THAT COPY OF A LABEL IS ATTACHED FOR THIS PRODUCT)

LIST ALL COMMISSIONED BRANDS (EG. PRIVATE LABELS) USED TO IDENTIFY THIS FINISHED REGISTERED PRODUCT:

LIST ALL PROCESSING AIDS (MATERIALS USED BUT USUALLY NOT PRESENT IN FINAL PRODUCT):

WE WISH TO MAKE THE FOLLOWING CLAIM ON THIS FINISHED PRODUCT:

SUITABLE FOR USE IN ORGANIC SYSTEMS

OTHER (PLEASE SPECIFY):

I HAVE SENT PAYMENT @ \$60.00 FOR EACH ADDITIONAL PRODUCT AS PER BELOW  YES (MANDATORY)

I understand other costs such as audit and residue testing may also be charged at a later date  YES (MANDATORY)

## Formula

- LIST ALL ACTIVE AND NON ACTIVE INGREDIENTS AS WELL AS ADDITIVES AND PROCESSING AIDS
- ATTACH PRODUCTION FLOW CHART WITH THIS DECLARATION
- ATTACH MSDS

NAME OF INGREDIENT	NAME OF SUPPLIER	NAME OF ORGANISATION THAT CERTIFIED/REGISTERED INGREDIENT	% IN FINISHED PRODUCT (EXCLUDES SALT & WATER)
<b>TOTAL</b>			<b>%100</b> (NOT INCLUDING SALT & WATER)

## OTHER INFORMATION

MANUFACTURER	
PURPOSE OF THIS PRODUCT USE (i.e PESTICIDE, FERTILIZER etc)	
LIST ATTACHED DOCUMENT	

I HEREBY DECLARE THAT THE INFORMATION PROVIDED IS TRUE & CORRECT

<input type="text"/>	<input type="text"/>	<input type="text"/>
PRINT FULL NAME CLEARLY	SIGNATURE	DATE



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## PAYMENT METHODS

**CHEQUE OR MONEY ORDER**

PAYABLE TO: **Australian Certified Organic**

**IMPORTANT: PLEASE MARK CHEQUES NOT NEGOTIABLE**

**DIRECT CREDIT VIA EFT**

TO MAKE PAYMENTS VIA EFT YOU MUST:

1. **Contact the ACO office** on ph. 07 3350 5706 or email [accounts@aco.net.au](mailto: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.net.au](mailto:accounts@aco.net.au)

**CREDIT CARD**

AMOUNT (AUS\$):

EXPIRY DATE:

NAME ON CARD:

SIGNATURE:

TYPE OF CARD: (PLEASE TICK):

- BANKCARD  
 MASTERCARD  
 VISA

*We are unable to accept AMEX*

CARD NUMBER: