Hemp Wholesale Australia

Quote Form

Our Ref:	
Referral:	
Method of Contact:	
Taken by:	

DATE: _____

* MANDATORY

***Company Name:**

***Contact Person:**

*Ph: Fax: Mob:

Address:

***Email:**

Code:		**Description:**	
Size(s):		**Quantity:**	
Material/ Compostion:		**Colour:**	
Print/ Embroidery:		**Use of product:**	
***Time needed in:**		***Price Range:**	
Requests Australian Made:		**ok to be made overseas:**	
Comments:			