

BESTELVORM/ ORDER FORM
PLANTSEISOEN/ PLANTING SEASON
2027

NAAM VAN BESIGHEID/ NAME OF BUSINESS _____

PLAASNAAM/ FARM NAME _____

KONTAKPERSOON/ CONTACT PERSON _____

ADRES/ ADDRESS _____

BTW NOMMER/ VAT NUMBER _____

TELEFOONNOMMER / PHONE NUMBER _____

SELNOMMER / CELL NUMBER _____

E-POSADRES 1 / EMAIL ADDRESS 1 _____

E-POSADRES 2 / EMAIL ADDRESS 2 _____

KULTIVAR/ CULTIVAR	KLOON/ CLONE	ONDERSTOK/ ROOTSTOCK	TIPE/ TYPE	DRUIF TIPE/ GRAPE TYPE	GETAL/ QUANTITY

REMARKS: _____

DATE: _____ SIGNATURE: _____

Please submit your orders at least 12 months before the planting season.

Terms and Conditions: By submitting this form, you acknowledge & accept our cancellation policies.