# DISPATCH REQUEST FORM

**Email to:** orders@csd.net.au

Distributor _____ Carrier _____

Phone _____ Location _____

Pickup date _____ Pickup time _____

| DISTRIBUTORS ORDER # | CSD ORDER # | VARIETY | TREATMENT | BAGS |
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| | | | **TOTAL KG** | |

**CSD APPROVAL**

Authorised person _____

Signature _____

Date / / 2021

Confirm date _____

Confirm pickup time _____

Signature _____

Dispatch appointments are scheduled between 7:00am to 4:00pm, Monday to Friday.