

APPLICATION FOR GRAFTED VINES

Account name		Planting Year	
PO Box		Town	
VAT NO		Postal code	
Name of Owner		Birthday	
Tel		E-mail	
Cell		Fax	
Name of Manager		Birthday	
Tel		E-mail	
Cell		Fax	
Farm			
PO Box		Town	Postal code

SCION			ROOTSTOCK			NUMBER OF VINES
CULTIVAR	CLONAL CHOICE		CULTIVAR CHOICES			
	1st	2nd	3rd	1st	2nd	3rd

SIGNATURE _____ **DATE** _____

COMMENTS