

Macdonald & Co. Woolbrokers Pty Ltd

ABN 78 138 065 415

Wool Stores - 2L Richardson Road, Dubbo

Mail - PO BOX 1952, Dubbo NSW 2830

Phone: (02) 6884 1004 Fax: (02) 6885 6782

Email: admin@macwool.com.au

**Shearing Advance Application**

Trading Name/Applicant: ……………………………………………………………………..ABN:……………………………...................................

Nominee:……………………………………………………………………………………………………………………………………………………………..

Address:……………………………………………………………………………………………………………………………………………………………….

….………………………………………………………………………………….Brand:………………………………………………………………………….

No of Bales:………………Date Advance Required ………./……….../………..…Shearing Advance Requested: $…………………….

Month Wool Advance expected to clear:……………………………….. Delivery Date:……../………./……….

I/we hereby apply for a Shearing Advance to assist in meeting my/our shearing expenses. If Macdonald & Co. Woolbrokers provide me/us with a Shearing Advance, I/we agree as follows:

I/we promise to supply Macdonald & Co. Woolbrokers with wool for sale with a market value in excess of the amount of the Shearing Advance.

I/we irrevocably authorise and direct Macdonald & Co. Woolbrokers to deduct from the proceeds of sale of this wool of such amount as is necessary to repay Macdonald & Co. Woolbrokers the Shearing Advance and interest.

If the proceeds of sale of this wool is less than the amount of the Shearing Advance, I/we promise to pay the balance outstanding on the Shearing Advance to Macdonald & Co. Woolbrokers on demand by Macdonald & Co. Woolbrokers.

I/we warrant that I am/we are the sole and unemcumbered owner/s of the wool.

I/we promise not to create or give any encumbrance over the wool to any party other than Macdonald & Co. Woolbrokers.

I/we warrant that the information contained in this application is true and complete and that I/we am/are authorised to sign this application for and on behalf of the applicant.

I/we are aware that this finance is funded by Rabobank.

Signature of Applicant:…………………………………………………….. Date:………/……………/………..

Banking Instructions:

……….(a) Send Cheque to above address

……….(b) Credit my bank account BSB:………………………. A/C:………………………………………………………

……….(c) Pay my shearing contractor BSB:………………………. A/C:………………………………………………………

**Office Use Only:** Rep Code:……………………..Grower Code:……………………………………

Supporting comments and recommendation:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..

Signed by:…………………………………………………………………………………………. ……./……./20………

Approved by:…………………………………………………………………..Position:……………………………………………… ……/……/20……

Interest Rate at time of application: ………………………….%