

Business Name & Details

(Letterhead)

Duplicate invoice

Invoice Number

CONSIGNMENT NOTE

Date.....

Name.....

Address.....

.....

**Please accept delivery of.....healthy bee hives to assist in the
pollination ofcrop.**

**As agreed between the Apiarist and the Acceptor, the bee hives are
placed throughout the crop in the appropriate manner to maximise the
potential for pollination.**

**The bee hives will remain in the crop forweeks, or the flowering
cycle of the target crop, whichever is the lesser.**

**Whilst the bee hives are in the crop the Grower will observe all
precautions necessary to minimise damage to bees in any spraying
programme.**

**The Apiarist will remove the bee hives promptly once the pollination
project is completed.**

The price for the service is \$.....per hive.

SIGNATURES:

APIARIST.....

GROWER.....

(Title).....

(Title).....

NAME(PRINTED).....NAME(PRINTED).....