

Timber Supplier Form

Date: _____

Name: _____
Address: _____
Town: _____
County: _____
Tel No: _____
Mob No: _____
Email: _____

Consultants Name: _____
Address: _____
Town: _____
County: _____
Tel No: _____
Mob No: _____
Email: _____

Standing Timber Detail

Location: _____
Year Planted: _____
No. of Acres/Hectares: _____
Species: _____
Management Stage: _____
Felling Licence No.: _____

Timber Measurement

Volume: _____
Avg Tree: _____
Mean DBH: _____
Additional Info: _____

Roadside Timber Detail

Product

Pallet Volume: _____
Sawlog Volume: _____

Cut Length

2.5 Volume: _____
3.1 Volume: _____
3.7 Volume: _____
4.9 Volume: _____

Standing Price: _____

Price by Product

Pallet Price: _____
Sawlog Price: _____

Price by Cut Length

2.5 Price: _____
3.1 Price: _____
3.7 Price: _____
4.9 Price: _____

VAT Number: _____
Invoicing (Standard/
Self Bill) _____
Payment Terms _____
Deposit Required _____

Lot Pricing Sheet _____
Copy of Felling _____
Licence Received _____
Signed Contract _____

Completed By: _____

Date _____