



Mill On Wheels Worksheet

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CUSTOMER INFORMATION

COMPANY NAME _____
 COMPANY ADDRESS _____
 CONTACT NAME _____
 PHONE # _____ ESTIMATE time of harvest _____
 E-MAIL _____

DELIVERY INFORMATION

NUMBER OF BINS : _____
 VARIETY : _____
 ORGANIC : YES OR NO _____

MILLING INFORMATION

	BIN 1	BIN 2	BIN 3	BIN 4	BIN 5	BIN 6	BIN 7	BIN 8	BIN 9	BIN 10
OLIVE GROSS WEIGHT										
BIN TARE										
OLIVE NET WEIGHT										

Total gross fruit	
Total bin tare	
Total Net fruit	

	CT 1	CT 2	CT 3	CT 4
Total gross oil				
Total container tare				
Total net oil				

55 gallons Containers
 5 gallons pail
 Liners
 Argon
 Enzymes

Filtration: Yes No
 No. of Filters:

Customer
 I have read and agree to M.O.W. Services Agreement
 Date / sign

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