

<b>Business Hours:</b> <b>Monday – Friday</b> <b>7:00 a.m. to 3:30 p.m. C.D.T.</b>
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**ORDER FORM**

**BILL TO:**

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip: \_\_\_\_\_

**SHIP TO:(If different than bill to)**

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State & Zip \_\_\_\_\_  
 Shipping Date Requested: \_\_\_\_\_  
 Pick-Up Date: \_\_\_\_\_

<b>Quantity</b> (in tens)	<b>Nursery Stock</b>	<b>Unit Price</b>	<b>Total Price</b>

TERMS: Total purchases exceeding \$5,000.00 will receive a 8% discount. 25% deposit with order, balance due before shipment. Shipping charges will be billed after shipment.
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**All major credit cards accepted.**

**Total amount of order .....**  
**7% Indiana resident sales tax.....**  
**7% Boxing fee on plants shipped UPS.....**  
**Total Cost .....**  
**Less 25% Deposit .....**  
**Balance .....**
