

Business Hours:
Monday – Friday
7:00 a.m. to 3:30 p.m. C.D.T.

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: _____

Quantity (in tens)	Nursery Stock	Unit Price	Total Price
TERMS: Total purchases exceeding \$5,000.00 will receive a 5% discount. 25% deposit with order, balance due before shipment. Shipping charges will be billed after shipment.			
Total amount of order			
7% Indiana resident sales tax.....			
7% Boxing fee on plants shipped UPS.....			
Total Cost			
Less 25% Deposit			
Balance			

All major credit cards
accepted.