PO Box 1866, Palm City , Florida, 34991
Tel: 772-221-0653. Fax 772-221-0102

CUSTOMER ORDER FORM

Order Date: ______________________________ Date Required: ________________________

Purchase Order # _________________________

BILL TO:
Company Name: ________________________
Address: ______________________________
City, State, Zip: _______________________
Country: ______________________________

SHIP TO: (if different)
Company Name: ______________________
Address: _____________________________
City, State, Zip: _____________________
Country: _____________________________

Shipping Method required:
☐ Ground. ☐ 3-Day Select ☐ 2nd Day, ☐ Overnight

SPECIAL INSTRUCTIONS:

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ORDER INFORMATION:

Species	Name	Quantity	Unit Price	TOTAL
Eg: Lettuce	Cortina	5,000	$64.75	$64.75
		Order Sub-Total		
		Shipping (Estimated)		
		Order Total		

Payment details:
☐ VISA ☐ MASTERCARD ☐ CHECK/MONEY ORDER (goods will be sent on receipt of payment)

Card # ______________________________ Expiration Date: ___________________

Security code (3-digit # on back of card) _______

PLEASE FAX to 772-221-0102. We will contact you to confirm receipt of your order. Thank you for your much appreciated business.