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: _____
Phone: _____

SHIP TO: (if different)
Company Name: _____
Address: _____
City, State, Zip: _____
Country: _____
email: _____

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

SPECIAL INSTRUCTIONS:

_____

_____

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.