

Order Form

Date:	
P.O. #:	
Ship Date:	
Ship Via: UPS Tr	uck 🚨 Customer Pick-Up
☐ Bus	Depot ☐ H&H Express

SHIP TO			SOLD TO			
Business			Business			
Contact			Contact			
Address			Address			
City	State	Zip	City		State	Zip
Phone ())		Phone ()		·
Fax # ())		Fax # ()		
Cell # ()		Cell # ()		
E-mail:	@		E-mail:		@	
QUANTITY			VARIETY & SIZE			UNIT PRICE
QUANTITY			VARIETY & SIZE			UNIT PRICE
Please charge the $\ \square$	25% deposit	□ Order Total (Plant cost only. Shipp	ing chargea	l after shipmer	nt) to the following care
Card Number:		-	E	Expires:	/	CVC:
Card Type: □		Signatu	re:			