



Order Number: _____
 Date: _____
 Ship Date: _____
 Ship Via: _____

TO:
 Name: _____
 Street Address: _____
 City, ST ZIP Code: _____
 Tel _____ Fax _____

SHIP TO: check to use same address
 Name: _____
 Street Address: _____
 City, ST ZIP Code: _____
 Tel _____ Fax _____

Quantity	Description	Unit Price	Total

Pay By Card
 Circle Card Type: MasterCard Visa Discover
 Card Number: _____
 Expiration Date: _____

Subtotal
 Shipping
 12.95 for orders \$100 and under
 12% of order if over \$100
Total

Make all checks payable to: **The Nursery**. Send Order form and check to
 The Nursery | 12845 State Rt 108, Altamont Tn 37301 | Phone: 931-692-4266 | Fax: 931-933-7670

