H&R NURSERIES ORDER FORM

41-240 Hihimanu Street, Waimanalo, Hawaii USA 96795
PHONE: 808-259-9626 FAX: 808-259-5422 WEBSITE: hrnurseries.com

INVOICE NO. _____

INV. DATE _____

QUANTITY	PLANT CODE	NAME OF PLANT (SHORTENED NAME)	SIZE	UNIT PRICE	SUBTOTAL

SUBTOTAL $ _____

DISCOUNTS - _____

PLANT TOTAL $ _____

MAY WE SUBSTITUTE? ___ *YES* ___ *NO*

DATE ORDER RECEIVED _____

PACKING, HANDLING & SHIPPING

PLEASE PRINT:

CUSTOMER'S NAME: _____

ADDRESS & ZIP: _____

PHONE: ( ) _____

FAX: ( ) _____

E-MAIL: _____

SIGNATURE: _____

___ MC ___ VISA EXPIRATION DATE: _____

CHARGE CARD #: _____

ORDERS LESS THAN $25, ADD $25 $ _____

ORDERS $25-50, ADD $20 $ _____

ORDERS $50-100, AFTER DISCOUNT, ADD $22 $ _____

ORDERS $101-150, AFTER DISCOUNT, ADD $28 $ _____

ORDERS $151-199, AFTER DISCOUNT, ADD $34 $ _____

SMALL ORDERS REQUESTING FED EX, ACTUAL P&H & FED ED WILL BE CHARGED

BULKY P.O. SHIPMENTS TO PUERTO RICO OR OTHER AREAS REQUESTING POST OFFICE, ACTUAL P&H & POSTAGE WILL BE BILLED

ORDERS OVER $200, PLANT TOTAL x 5%, PLUS ACTUAL POSTAGE/FED EX WILL BE BILLED $ _____

TOTAL $ _____

GIFT CERTIFICATES & CREDITS $ -- _____

TOTAL AMOUNT DUE $ _____