

ORDER FORM

PLEASE PRINT

Date _____
 Name _____
 RFD or Street No. _____
 City and State _____
 Zip _____ Phone _____
 Shipping Date _____
 or Date Wanted _____

SHIP TO:

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____
 Additional Delivery Instructions: _____

Quantity	Age	Size	Kind of Tree	Unit Price	Amount

Minimum Order \$50.00
 Please remit in U.S. Funds

Orders of \$200 or less please remit in full

Circles if OK to ship in parts

MAKE CHECKS PAYABLE TO:
TREEHAVEN EVERGREEN NURSERY, INC.

SUB-TOTAL
Pick-up's add 10%
Shipments add 20%
TOTAL
Add NYS Sales Tax if not exempt
Less 25% Deposit (enclose with order)
BALANCE DUE (two weeks prior to shipment)