Confirmation of order at TE HANA NURSERIES LIMITED

Name……

Address

2012

day ph…….. (date order placed)

……

……. eve ph……

2012

……. fax/mobile…… (date order required or approx)

Email address ……

Required Number	Prefered Grade	Plant Name				Office use only supplied grade	supplied number	checked.

Delivery - Dkt……..……..Freight..$ …….....

Order assembled by

Collect **Courier ……..**

blue / green / orange / yellow / rural

……

signed

Name ……

office use

For all orders placed well in advance of collection

emailed A DEPOSIT OF 20% IS REQUIRED TO SECURE ORDER

posted **Deposit paid $.....**

printed **INVOICE NO……..…..**

2012 .

time day month year

Collection

orderer assembled

Some shortages or delays may occur due to circumstances beyond our control, such as seasonal variations