te hana nurseries

Order Form

Date of order: _____

Name: _____

Date order required: _____

Phone: _____

Address: _____

Fax/Mobile: _____

Email: _____

Order number: _____

Required Quantity	Preferred Grade	Plant Name		

Office use only

Supplied Number	Supplied Grade	Checked

Office use only

Delivery Docket _____ Freight $ _____

Collect Courier _____ *blue / green / orange / yellow / rural*

Deposit Paid $ _____ 25% Deposit ☐

_____ *emailed* Invoice # _____

Order assembled by:

_____

time day month year

Collection ☐ *Assembled* ☐

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

An order is deemed as acceptance of our terms of trade