



NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (____) _____

METHOD OF PAYMENT: CHECK VISA MASTERCARD DISCOVER

CARD NUMBER: _____-_____-_____-_____ EXPIRATION ____/____ 3 DIGIT SECURITY NUMBER: _____

IS THE CARD BILLED TO THE ABOVE ADDRESS? YES NO (IF NO, PLEASE ENTER ADDRESS BELOW)

SIGNATURE: _____

Shipping and handling is estimated at the following rates:

- 0 - \$25.00.....add \$10.75
- \$25.01 - \$50.00.....add 39%
- \$50.01 - \$75.00.....add 34%
- \$75.01 and over.....add 29%

Charges for Shipping will be assessed for the actual cost of shipping the product.

Quantity	Item Description and Size	Price	Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subtotal: _____

If a Resident of Michigan, add 6% sales tax: _____

Estimated shipping cost: _____

Total: _____

Print this page and mail or fax it to us when completed. You may also e-mail us an order or call toll free.

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 Fennville, MI 49408

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 E-Mail: wavecrestnursery@yahoo.com