Spring Park Nursery 2017 Order Form										OFFICE USE ONLY Order N° Date Received Date Sent Payment								
NAME:										SEND ORDERS TO								
ADDRESS:									SPRING PARK NURSERY PO BOX 206									
TOWN:									DAYLESFORD VIC, 3460									
STATE: POST CODE:														nt to				
PHONE: MOBILE: info@spi										sprii	ngpa	arkni	ırse	ry.cc	m.a	∄U.		
Please Tick Box																		
Please add me to your mailing list Don't add me to your mailing list																		
Quantity Name of Plant		Pric	е	Qua	antity	Nam	ne o	f Pla	nt						Pric	е		
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	TOTAL	TOTAL										L						
MAY WE SUBSTITUTE IF NECESSARY YES/NO	POSTAGE & PACKAGING RATIVICTORIA, N.S.W, A.C.T. & S.A							ΓES			РО	STA	GE					
OTHER SUBSTITUTES	1 To 10 roses \$2 11 To 20 roses \$2						20.00 25.00			TO	TAL							
	21 plus roses \$3 Queensland Add \$10.00 Extra to a								0									
	Tasmania																	
Add \$15 to above rates for Quarantine Surcharge										on								
I WILL COLLECT FROM THE NURSERY	PAYMENT DE L'ANDRE C'HEQUE OF MONEY ORDER								AILS	3		DI F		CIR	CLE	 E)		
Nondert	I enclose Cheque or Money Order (PLEASE Made payable to Spring Park Nursery											Oiix	OLL	-)				
PLEASE POST MY ORDER OUT TO ME	Or Charge my Credit Card please MASTERCARD OR VI												VISA	١.				
	CARD N ^O																	
	NAME ON	N CAF	RD		ı													
	EXPIRY D	DATE				SIC	GNA	TUF	RE									
WE WILL CONTACT	YOU WHE	N OF	RDE	RS A	ARE R	EAD	/ FC	R C	OLL	LEC.	TIOI	N						