Spring Park Nursery 2018 Order Form										OFFICE USE ONLY Order N° Date Received Date Sent Payment								
NAME:										SEN	ND C	RDI	ERS	то				
ADDRESS: TOWN: STATE:	RESS:									SPRING PARK NURSERY PO BOX 206 DAYLESFORD VIC, 3460  Emails can be sent to info@springparknursery.com.au								
Please Tick Box							_											
]	Please add me to your mailing list Don't add me to your mailing list																	
Quantity Name of Plant	Price Quantity Name of						f Pla	int		Pric	е							
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	SUB TOTAL					<u> </u>					SU							
MAY WE SUBSTITUTE IF	POSTAGE & PACKAGING POSTAGE												t					
NECESSARY YES/NO OTHER SUBSTITUTES	VICTORIA: 1 To 10 Roses \$2 11 To 20 Roses \$2							25.00 TOTAL						╀				
	21 plus roses \$30.00 Queensland Add \$10.00 Extra to above rate Tasmania Add \$15 to above rates for Quarantine Inspection Surcharge																	
I WILL COLLECT FROM THE NURSERY	PAYMENT DETAILS I enclose Cheque or Money Order Made payable to Spring Park Nursery  (PLEASE CI												CIR	CLE	≣)			
PLEASE POST MY ORDER OUT TO ME	Or Charge my Credit Card please MASTERCARD OR VIS											VISA	١					
	CARD N <sup>O</sup>																	
	NAME OF	N CAF	RD		•		•		•	•								
	EXPIRY DATE SIGNATURE																	
WE WILL CONTACT	YOU WHE	EN OF	RDE	RS /	ARE R	EAD'	Y FC	OR C	OLI	LEC	TIOI	N						