



GARDEN MEDICINALS *and Culinaris*[™]

PO Box 460 Mineral, VA 23117

Date: _____ Member# _____ Please print all information.
 Name: _____
 Address: _____
 Town: _____ State: _____ Zip: _____
 If your address has changed please write old zip code: _____
 Check if "ship to" address differs from above and write in space to the left

Have you ordered from us before? <input type="checkbox"/> Yes <input type="checkbox"/> No May we substitute a similar variety if sold out? <input type="checkbox"/> Yes <input type="checkbox"/> No Feel free to write substitution instructions in order form comment section. <input type="checkbox"/> Check if you need a new order form sent with your order. Payment method: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Check _____ <input type="checkbox"/> Money Order _____ <input type="checkbox"/> Credit/GC _____ Credit card number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Card expires: _ _ _ _ Cardholder's name: _____ Daytime telephone number: (_____) _____ Fax: (_____) _____ E-mail address: _____ Are you a market grower? <input type="checkbox"/> Yes <input type="checkbox"/> No	Office use: 2000 L/CR L/BD CM Chk BD Pd B/O NInv SEAS BULB ROOT Picked: Checked:
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CATALOG NUMBER	PACKAGE SIZE	HOW MANY	TYPE OF PLANT (Please fill in all columns completely)	NAME OF VARIETY OR ITEM	PRICE	Office use
STANDARD DELIVERY CHARGE (per address) For merchandise total: up to \$30.00, add \$6.00. Orders totaling \$30.01 or more ship for free.			Subtotal this side			
			Subtotal from other side (including additional pages)			
			MERCHANDISE SUBTOTAL			
			Credit from previous order or gift certificate (Please enclose.)			
			ORDER SUBTOTAL			
			VIRGINIA RESIDENTS ONLY: Add 5.3% VA sales tax.			
			STANDARD DELIVERY CHARGE: See table at left.			
Please see other side.			TOTAL AMOUNT OF ORDER			

