BROOKSIDE ORCHIDS

Mail: 110 Van Winkle Dr., San Anselmo, CA 94960
www.brookside-orchids.com
FAX: 650-854-3764

Date:_____

ORDER FORM

Qty	Code#	Plant Name	Unit price	Subtotal

❑ May we substitute? (check if yes) Plant total _____

Your Name:_____ Sub Total $_____
Address: _____
_____ Pack & Ship $_____
_____ CA sales tax
(9.25%) $_____
Billing or Shipping address (if different from above): Phyto $_____
_____
_____ TOTAL $_____

Contact Info:
Phone:_____/ FAX: _____
e-mail:_____

Payment Options:
1. Credit Card: (Visa, M/C, Amex)
#_____

*Shipping preference:
- ❑ USPS Priority (Default)
- ❑ Fed-Ex Standard Overnight
- ❑ Fed-Ex 2nd Day
- ❑ Other (specify
- ❑ Just Ship It (and bill my card)

Name on card:
_____
expires:_____CVV:____

2. Check: mail to address above with this form.

For shipping rates, see 'Terms and Conditions' on the following page