Order Form for 2017-18

ALPHA NURSERIES, INC.

3737 –65th ST.
HOLLAND, MI 49423

Phone: 269/857-7804
E-mail: info@alphanurseries.com
Fax: 269/857-8162

Customer Information:

Business name _____

Person ordering _____

Billing address _____

Shipping address _____
(if different from above)

Phone _____

Fax _____

E-mail _____

Date for order to be Received by customer: _____

Method of Shipment: _____**(UPS, Freight or Customer Pickup)**

(required only for broadleaves)
(if less than 500 per item)

Quantity	Size	Age	Species/Description	1000 rate	Multiplier *	Cost	Total

** $100.00 minimum order
All orders under $200.00 must be fully paid, when order is placed ***
*** $25.00 minimum shipping charge
**** 25% Deposit due with order
5% discount on orders over $4000.00
(For full list of terms look on Page 19)

Subtotal **	
UPS orders add 15%	
Total	
Deposit ****	
Balance Due (provided deposit is paid)	

Note: * For orders less than 500 broadleaves/species/size….
Determine the correct multiplier by using price calculations on bottom of page 13 and/or page 15.
Evergreen prices per ordered quantities are pre-calculated on pages 4-7--no multiplier needed. Fill in "Cost" column only