

Order Form for 2023-24

ALPHA NURSERIES, INC

3737 –65th ST.
 HOLLAND, MI 49423

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

Date for order to be **Received** by customer: _____
 Method of Shipment: _____ (UPS, Freight or Customer Pickup)

Customer Information:

Business name _____
Person ordering _____
Billing address _____

Shipping address _____
 (if different from above) _____
Phone _____
Fax _____
E-mail _____

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

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

<p>** \$150.00 minimum order All orders under \$200.00 must be fully paid, when order is placed *** \$40.00 minimum shipping charge **** 25% Deposit due with order 5% discount on orders over \$10,000.00 (For full list of terms look on Page 19)</p>	<p>Subtotal ** *** UPS orders add 15% Total Deposit **** Balance Due (provided deposit is paid)</p>
---	--

*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.*