The Orchid Trail
402 Church St.
Morrisville, NC 27560

Tel: 919-362-1062
919-468-3611
Fax: 919-468-3088

OrchidTrail@OrchidTrail.com

Order Form

Ordered By:

Name: _____

Address: _____

City/St/Zip:_____

Tel: _____

Tel2: _____

Email: _____

Date of Order: _____

Ship to: (Leave blank if same as Ordered By)

Name: _____

Address: _____

City/St/Zip:_____

Tel: _____

Tel2: _____

Email: _____

*** NO Shipments to Hawaii, Alaska or Arizona**

Qty	ID #	Orchid Description (or Grower's Special # #)	Price/	Total

***May we substitute with equal or greater value if an item is not available? _____Yes _____No**

***Note: It is very important that we have a current telephone # or email address in case we need to contact you while processing or shipping your order!**

***Payment: _____Visa _____Master Card**

Name(as on card): _____

Card #:_____

Expiration Date:_____

Your Credit Card will not be charged until the day before shipping of your order.

Total (not including Grower's Specials): $_____

Shipping Charges: $_____

Specials Total (price includes shipping): $_____

Sub Total $_____

NC Residents add 7% Sales Tax: $_____

Total Remitted: $_____

Shipping Charges:
*** Orders less than $200: add 20% of Plant Total ($15.00 minimum) for packing, handling and shipping.**
*** Orders over $200: add 5% of Plant Total for packing and handling charges. Actual postage or Fed Ex charges will be billed or charged separately.**