ORDER FORM

Fairweather Gardens
P.O. Box 330 • Greenwich, New Jersey 08323
(856) 451-6261 • Fax: (856) 451-0303

ORDER DATE

☐ Please ship my plants.
☐ Pickup at Open House on _____
☐ Other Pickup Date. Will give 48 hours notice.

CUSTOMER NUMBER (FROM MAILING LABEL)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____ EVENING PHONE _____ FAX _____

UPS SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Quantity	PLANT CODE	BOTANICAL NAME	Size	Price	Total
Minimum Order: $50.00 in Plants					

VISA OR MASTERCARD INFORMATION

– – –

Card ID: EXP: –

The Card ID is the final 3 digits in the signature area on the back of your card.

_____
Signature

Total Cost of Plants _____
(Minimum $50.00)

Packing & Shipping _____
(Please See Ordering Instructions)

Additional Handling _____
(If Required)

7% New Jersey Sales Tax _____
(NJ Deliveries & Nursery Pickups)

Total Payment _____
☐ Check ☐ Visa ☐ MasterCard