

Order Form
Kartuz Greenhouses
P. O Box 790, Vista, CA 92085-0790

Please do not write in this space

order number: _____ amount paid: _____ date received: _____ date sent: _____

Date _____ Email address _____ Phone: _____

Name _____ Company _____

Address _____ City _____ State _____ Zip _____ - _____

Check or money order enclosed

MasterCard Visa Discover AmEx Card Number _____ Exp. Date _____

Cardholder's Signature _____

May we substitute? Yes No (Please list substitution choices on back of Order Form)

Catalog Number	Quantity	Variety Name	Price	Total

Amount of order _____

Amount carried from back of order form _____

Total amount of order _____

7.75% Sales Tax (CA residents only) _____

Postage and Packing Fee: \$10.00 plus \$1.00 per Plant _____

Total Enclosed _____

For office use only: due _____ credit _____ ship _____

Order Form, Page Two, For additional items

*******Kartuz Greenhouses**

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Catalog Number	Quantity	Variety Name	Price	Total

Total this page: _____

Customer Name (in case pages get separated): _____

Please use this page to list any plant substitutes.