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Web

BLOCK CAPITALS PLEASE

D/r _____
D/d _____
Pkd _____
No. _____
Ref _____

* Please make sure we have all the correct details.

Name
* Address
* Town
* County
* Postcode
* Daytime Telephone

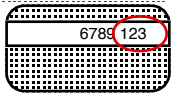
PLEASE NOTE; A signature may be required on delivery so if no-one is usually at home during the day please give instructions e.g. "Please leave next door"

Qty	Code	Plant Names	£	p	Office Use
		Carried forward from other side			
		Plants Total			
		Carriage Charge @ £.6.00 24 hour service @ £12.00			
		Cheque / remittance Value			

If you have access to the internet and/or can receive e-mail please give us your e-mail address so we can advise you of special offers etc. as they become available.
e-mail address_____

Please charge to my Visa/MasterCard account. My card number is :-

Signature | Start Date | Issue No. | Expiry Date | Security Code*



* Last 3 digits on back of card

Name (on Card)
Address (for Card)
Postcode
Telephone
e-mail address

Qty	Code	Plant Names	£	P	Office Use
		Brought forward			
		Carried forward to other side			

SUBSTITUTES: Some plants are available in limited numbers, we try our best, but if possible please give an adequate list of substitutes otherwise we will use our discretion.