

PLEASE WRITE SUBSTITUTES, GIFT SUGGESTIONS AND ANY OTHER NOTES REGARDING YOUR ORDER HERE.

	QTY	Name of Variety	Price	Total
76				
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	QTY	Name of Variety	Price	Total
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OFFICE USE ONLY
 Date Received: _____
 Payment: _____
 Order No.: _____
 Date Shipped: _____

Postal Address: PO Box 148, Kapunda, SA. 5373
 Nursery Location: 69 Dennett Rd, Kapunda
 Phone: Melissa (0417 879 293) Bailey (0477 547 188)
 Email: smokinheights@hotmail.com
 Website: www.smokinheights.com.au
 ABN: 95 829 398 968

(PLEASE PRINT) Name: _____ Date: _____

Street: _____

Town: _____ Postcode: _____

State: _____ Telephone: _____

Email: _____




May we substitute if necessary to same or greater value at no extra cost? Yes No

	QTY	Name of Variety	Price	Total
1				
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	QTY	Name of Variety	Price	Total
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Total	
Postage - 1-3 rhizomes	\$15.00
Postage - 4-8 rhizomes	\$20.00
Postage - 9-20 rhizomes	\$27.50
Postage - 20+ rhizomes	\$35.00
Postage - WA and Tas	\$50.00
TOTAL	

CHEQUE MONEY ORDER PAYPAL
 CREDIT CARD DIRECT DEPOSIT

Credit Card No.:

Expiry:

CCV:

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