

OFFICE USE ONLY
 Date Received: _____
 Payment: _____
 Order No.: _____
 Date Shipped: _____

Nursery Location: 69 Dennett Rd, Kapunda

Email: smokinheightsir@hotmail.com

Website: www.smokinheights.com.au

ABN: 95 829 398 968

ABN: 95 829 398 968
(PLEASE PRINT) Date: _____

Name: _____

Street: _____

Town: _____

State: _____ Postcode: _____

Telephone: _____

Email: _____

May we substitute if necessary to same

or greater value at no extra cost? ☐ Yes ☐ No

Total	
MINIMUM ORDER OF \$50 EXCLUDING POSTAGE	
Postage - 1-10 rhizomes	\$20.00
Postage - 10-20 rhizomes	\$27.50
Postage - 20-40 rhizomes	\$35.00
Postage - WA and Tas	\$50.00
TOTAL	

☐ CHEQUE ☐ MONEY ORDER ☐ PAYPAL

☐ CREDIT CARD ☐ DIRECT DEPOSIT



Credit Card No.:

[illegible]

Expiry:			
CCV:			

	QTY	Name of Variety	Price	Total		QTY	Name of Variety	Price	Total
51					76				
52					77				
53					78				
54					79				
55					80				
56					81				
57					82				
58					83				
59					84				
60					85				
61					86				
62					87				
63					88				
64					89				
65					90				
66					91				
67					92				
68					93				
69					94				
70					95				
71					96				
72					97				
73					98				
74					99				
75					100				

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

Smokin Heights

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: smokinheightsir@hotmial.com
Website: www.smokinheights.com.au

(PLEASE PRINT)
ABN: 95 829 398 968
Name: _____ Date: _____
Street: _____
Town: _____
State: _____ Postcode: _____
Telephone: _____
Email: _____
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Credit Card No.:

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Expiry:

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 CCV:

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	QTY	Name of Variety	Price	Total
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25				

	QTY	Name of Variety	Price	Total
26				
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	QTY	Name of Variety	Price	Total
76				
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	QTY	Name of Variety	Price	Total
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