The Orchid Trail – Order Form

402 Church St., Morrisville, NC 27560,
Phones: 919-362-1062 (John Stanton), 919-337-3750 (Paul Feaver)
Fax: 919-468-3088 Email: *OrchidTrail@OrchidTrail.com*

Order Date: _____

Billing information:
Name: _____
Address: _____
City, State ZIP:_____
(**NO shipping to Hawaii, Alaska or Arizona**)
Phone: _____
Other phone: _____
Email: _____

Shipping information (if different from Billing):
Name: _____
Address: _____
City, State ZIP_____
(**NO shipping to Hawaii, Alaska or Arizona**)
Phone: _____
Other phone: _____
Email: _____

VERY IMPORTANT: Please provide a **current phone number or email address** in case we need to contact you while processing or shipping your order.

Quantity	ID	Orchid Description (or Grower's Special Number)	Price	Total

May we substitute an item of equal or greater value if one you ordered is not available? Yes ____ No ____

Total: $_____

Shipping
Orders are normally sent U. S. Post Office Priority Mail. Actual postage or FedEx charges will be billed or charged separately.

Packing (add 10% of Total): _____
Sales tax (NC residents add 7.25% of subtotal): $_____
Total Remitted: $_____

Payment
Your credit card will not be charged until the day before we ship your order.

Card Security
Do not email or fax your card information.
We will call you for this when we are ready to ship.

If you prefer, we can send you a **PayPal invoice**.