

ORDER FORM

87

Postal Address:

Name _____
 Business Name _____
 Address _____
 City _____
 State _____ Zip _____
 Phone _____ email _____

*Check here to receive monthly email newsletter—garden tips, updates & sales!

Shipping Address [Sending UPS? If so, please circle: YES UPS]

Name _____
 Business Name _____
 Address _____
 City _____
 State _____ Zip _____
 Payment method: ___ Check/MO ___ Visa ___ MC ___ Discover

credit card number _____ expiration date _____

name on card (please print) _____ signature _____ CCV _____

Qty	Description	Unit Price	Amount

STRICTLY MEDICINAL® LLC
PO BOX 299
WILLIAMS, OR 97544-0299
USA
www.strictlymedicinalseeds.com
customer service:
inservice@strictlymedicinalseeds.com
 fax: (541) 846-0872



F20

Total from reverse side.		
Subtotal		
Shipping Seeds Pkts \$3.90 if order is less than \$10.00.		
Shipping Bulk Seeds g's & lbs		
Shipping Plants		
Shipping Roots (see over)		
Ship Int'l Seeds Pkts/Bulk		
Shipping Books Int'l		
<input type="checkbox"/> Please figure my shipping (See opposite page.)		
TOTAL		

