

# 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.strictlymedicalseeds.com**  
**customer service:**  
**inservice@strictlymedicalseeds.com**

fax: (541) 846-0872



2022

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		
Ship Int'l Seeds Pkts/Bulk		
Shipping Books Int'l		
<input type="checkbox"/> Please figure my shipping (See opposite page.)		
<b>TOTAL</b>		

**Back of ORDER FORM**

Qty	Description	Unit Price	Amount



Subtotal  
Enter on front side

**Send a Catalog to a Friend!**

*Filling out the space below means we'll send a free copy of our catalog to your friend. (This does not put your friend's name on any mailing list—including ours.)*

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_