

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

<p>STRICTLY MEDICINAL® LLC PO BOX 299 WILLIAMS, OR 97544-0299 USA www.strictlymedicalseeds.com customer service: inservice@strictlymedicalseeds.com fax: (541) 846-0872</p> <p style="text-align: right;">2023</p>	Total from reverse side.		
	Subtotal		
	Shipping Seeds Pkts \$4.90 if order is less than \$20.00.		
	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.)		
	TOTAL		

