Confirmation of order at TE HANA NURSERIES LIMITED

Name: _____ _____ 2009
(date order placed)

Address: _____ Phone (day) _____

_____ Phone (evening) _____

_____ Fax / Mobile _____

For
Office
Use Only

		Number	Plant Name	PB OG Grade	

Some shortages or delays may occur due to circumstances
beyond our control, such as seasonal variations.

sub _____

An order is deemed as acceptance of our terms of trade (refer over leaf)

GST _____

For all orders placed well in advance of collection

A DEPOSIT OF 20% IS REQUIRED TO SECURE ORDER

Collect / Courier / Truck .

Deposit paid $_____

Delivery Dkt No ……

Name : _____

Signed

INVOICE NO……..

Time : _____ 2009
collection day month