

ALPINE NURSERY ORDER FORM

Spring 2009

Name: _____
 Address: _____
 City: _____
 WI County: _____
 State: _____ ZIP: _____
 Phone: _____

QTY	ITEM	PRICE

Total _____

Shipping Charge 10%
 (See Order Instructions) _____

PACKING CHARGE \$3.50

Subtotal _____

5.0% or 5.5% WI Sales Tax
 (WI Residents) _____

Total _____

Deposit - 25% Minimum _____

Balance Due _____

SEND ORDERS TO:
 Alpine Nursery
 3204N River Dr.
 Radisson, WI 54867

ORDER INSTRUCTIONS

Send a **MINIMUM** of 25% deposit with your order (**include 10% shipping**).

We will bill you for the balance due. Payment should be made by
 April 1, 2009 before we can ship.)

OR... Send **payment in full** with your order by the discount date of January
 31, 2009 and **pay only 5% shipping**.

OR... Send **payment in full** with your order after the discount date of
 January 31, 2009 and **pay 10% shipping**.

All orders shipped by UPS. Orders will be acknowledged.

**The \$3.50 packing charge is NOT a shipping charge. Include that amount
 in your total.**

Method of Payment
 Check Money Order Visa Master Card

Card # □□□□ □□□□ □□□□ □□□□ Expires ____ / ____

(Signature) _____