WHOLESALE ORCHIDS

ORDER FORM

AKATSUKA ORCHID GARDENS

Business Name:_____

Contact Name:_____

Fed Tax ID #:_____ (for first time orders only)

Phone:_____ Fax:_____

Email:_____

Billing Address:

_____

_____

_____

Shipping Address: ☐ same as billing

_____

_____

_____

Payment Method: ☐ Net-30 Credit ☐ Check ☐ Credit Card

****First time orders must be paid by credit card. Please complete the Credit Card Authorization Form. All orders must be paid in full prior to shipping unless you have established a credit account with us.**

Desired Ship Date:_____

Qty.	Code #	Description	Unit Price	Line Total
		Box Packing Fee		
		Subtotal		
		Shipping		
		Grand Total		

Credit Account: Please email us to request Credit Account forms. Once we have received your information, please allow 5-7 business days before your account is active. We will notify you by email once your account has been established. Credit charges to your account are due Net-30 days.

Ordering: We recommend placing your order at least 3 weeks in advance. Since we are constantly bringing in new varieties, it's always best to check to see what we have in stock.

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