Order Number: _____
Date:_____
Ship Date:_____
Ship Via:_____

The Nursery
12845 State Rt 108, Altamont Tn 37301
Phone: 931-692-4266 | Fax: 931-933-7670

TO:
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Tel _____ **Fax** _____

SHIP TO: **check to use same address** ☐
Company Name: _____
Street Address: _____
City, ST ZIP Code: _____
Tel _____ **Fax** _____

*Additional page(s) provided if needed.

Quantity	Description	Unit Price	Total

Pay By Card
Circle Card Type: MasterCard Visa Discover
Card Number:_____
Expiration Date: _____

Subtotal	
Shipping (8%)	
Total	

Make all checks payable to: **The Nursery**. Thank you for your business!