SPACECOAST DAYLILIES

John Kinnebrew & James Gossard 1069 Amity Road Galloway, Ohio 43119 Cell Phone 614-419-1781 FAX (614) 851-1375

Website <u>www.Heavenlygardens.com</u> Email- <u>JGOSSARD@AOL.COM</u>

		MAILING ADDRESS NAME					DATE		
DATE PAID CITY			STATEZIP						
DAI	LTAID	TELEPHONE	EPHONE NUMBERSTATEZIP						
		E-MAIL	TIONIDLI						
DATE SHIPPED		<i>E</i>	UPS DELIVERY ADDRESS					POSSIBLE SHIPPING DATE	
		NAME							
		ADDRESS							
		CITY		STA	TE	ZIP			
			May we substitute if sold out? Yes_ Don't forget to list some second choices or I						
QTY	NAME OF VARIETY	•	AMOUNT	QTY	N/	AME OF VARIETY		AMOUNT	
							SUB-TOTAL		
						Spacecoas	st Shipping \$20.00		
					Heavenly Garde		Shipping \$20.00		
					Nex	tDay Shipping – BY	QUOTE ONLY		
						Phyto Certificat	te add \$50		
							TOTAL		
			Meth	od of Pay	ment				
	now accept pa	_		Cash Check Enclosed PAYPAL Check #					
VISA, MASTERCARD, DISCOVER and AMERICAN EXPRESS,									
		•		☐ Money Order ☐ Credit Card Type					
PAYPAL, CHECK or MONEY ORDER WRITTEN TO James				Card verification number					
	sard. Reach m		Card	Card Number:					
	ne at 614-419		_ 🔲						
-	il at JGOSSAF		Exp.	Exp. Date: Signature					
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