



BOYER Nurseries & Orchards, Inc.

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ORDER FORM

Hours: 8:00-5:00 EST Monday – Friday
Closed Weekends (Winter Only)

Bill To: Name _____ Address _____ City _____ State _____ Zip _____ Phone: Home/Work _____ Cell/Fax _____ Email: _____ Tax ID/FEIN#: _____	Date of Order : _____ <input type="checkbox"/> I will pick-up my order <input type="checkbox"/> Please ship my order I am a repeat customer: <input type="checkbox"/> YES <input type="checkbox"/> NO Requested Pick-up/Ship Date: <input type="checkbox"/> A.S.A.P <input type="checkbox"/> SPRING 2020 (Approx. Date: _____) <input type="checkbox"/> Other (Please specify _____)
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Which of the following best describes you as a customer? Homeowner or Retail Wholesale Commercial Grower

I can accept a semi-truck at my location. Please ship my order **Motor Freight** with the most economic carrier.

YES NO I have a forklift available for unloading a semi-truck delivery.

I cannot accept a semi-truck. Please ship my order **FedEx**.

May we substitute items? YES NO **May we backorder items?** YES NO

Would you like picture tags (\$0.17 ea.) to match your order? YES NO (Picture tags are not automatically included)

If shipping name/address is different from above, please state and detail any special instructions:

Code #	QTY	Variety/Root Stock Description & Size	Price	Total

Please use back side of form if space is needed

Please check box on payment method (please do not email charge card information):

Charge (Net 30 Days, AFTER paid deposit for customers with established credit only. See terms in catalog.) **Check**

Visa **MC** **DS** **AMX** **Cardholder's Name & Signature** _____

Credit Card Number _____ **Exp. Date** _____ **Credit Card Billing Zip Code** _____