BOYER
Nurseries & Orchards, Inc.

Address: 405 Boyer Nursery Rd. Biglerville, PA 17307 | Phone: 717-677-8558
Fax: 717-677-4026 | Email: sales@boyernurseries.com | Website: boyernurseries.com

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 : _____

☐ **I will pick-up my order** ☐ **Please ship my order**

I am a repeat customer: ☐ **YES** ☐ **NO**

Requested Pick-up/Ship Date:

☐ **A.S.A.P**

☐ **SPRING 2021 (Approx. Date:_____)**

☐ **Other (Please specify_____)**

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/liftgate 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**_____