Agri-Starts, Inc. Order Form

Company Name:

Contact Name:

Bill To:	**Ship To:**
Phone:	**Fax:**

Email Address:

Quantity	Plant Name

Credit Card	Account Number	Exp. Date

Shipping Method

___ UPS: ___ Ground ___ 2 Day Air ___ 3 Day Select
___ FED EX: ___ Priority Overnight ___ Standard Overnight ___ 2nd Day ___ Express Saver
___ Air Cargo: Specify Airlines _____

Comments:

Signature:	**Date:**