



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

Tennessee Wholesale Nursery
 12845 State Rt 108, Altamont Tn 37301
 SALES: 931-692-4252 SERVICE: 931-692-4266 FAX: 931-692-9246

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: **Tennessee Wholesale Nursery**. Thank you for your business!

