ORDER FORM

Date
(Leave invoice # blank for office use)
Invoice #

Catrina's Garden LLC
142801 County Road NN
Marathon, WI 54448
715-443-2793
catrina@catrinasgarden.com

MAIL TO :

Name _____
E-mail Address _____
Street Address _____
City, ST ZIP Code _____
Phone _____
Customer ID: We will assign _____

JOB	REQUESTED SHIPPING METHOD	SHIPPING TERMS	REQUESTED DELIVERY DATE	PAYMENT TERMS
				Due on Receipt unless other arrangements are made.

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
		Total from Extra Pages		

Subtotal	
Shipping	
Sales Tax(WI residents only 5.5%)	
Total	

CATRINA'S GARDEN LLC

See the directions on our website at
http://catrinasgarden.com/store/ordering-shipping/
to determine what your shipping costs will be.
Make all checks payable to Catrina's Garden LLC

THANK YOU FOR YOUR BUSINESS!

Page Number:

QUANTITY	ITEM #	DESCRIPTION	UNIT PRICE	LINE TOTAL
			Total this Page	