

ORDER FORM

Name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Email address _____

Check or Money Order Enclosed \$ _____

Credit Card Order: Visa or MasterCard

Card Number _____ exp. Date _____ S.C.# _____

Go to grandoakherbfarm.com to use PayPal: _____

Signature _____

Item _____ Qty _____ Amount _____

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Item _____	Qty _____	Amount _____
Item _____	Qty _____	Amount _____

Sub Total _____

MI Sales Tax 6% _____

Shipping Free _____

TOTAL ENCLOSED _____

Minimum order 10 plants to receive FREE shipping