

White Oak Orchids Inc.

866.693.0182

FRM.1107

Printable-Fax Order Form- *Fill in and Sign, Mail or Fax it to us*

Billing Information

(Same as your credit card Statement)

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

E-mail: _____

Phone Information

Daytime: _____ ext _____

Alternate: _____ ext _____

Fax: _____

Signature: _____

Shipping Information

(Fill in *only* if different from Billing)

Name: _____

Street: _____

City: _____

State: _____ Zip Code: _____

Visa or Master Card

Credit Card: _____

Exp. Date: Month _____ Year: _____

(security numbers) back of card 3digets _____

Date: _____

Order Items:

Quantity: Unit Price: Total:

1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Sub-Total: _____

Sales Tax* _____

Pack & Shipping _____

Shipping: to be added (see terms page) USPS Priority Mail, unless Express mail overnight is required or requested.

Please check one: Priority Mail: _____ **Express Mail:** _____ **Others:** _____

Please use additional sheets of paper if more items or details requested.

Mailing Address: 1456 Oxford Street, Redwood City, CA 94061-2815

Phone: 650.355.8767

Fax: 866.693.0182