Harry's Orchards Order Form

Toll Free 1-800-285-8488 Fax 956-205-7331

Customer Name_____ E-mail _____

Address_____ Phone (_____)_____

City, State, Zip_____

☐ Existing customer – bill account.

☐ Please bill this order to my credit card.

☐MasterCard ☐VISA ☐Discover/NOVUS ☐American Express ☐Diners Club

Card number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐/☐☐

Signature_____

signature required to bill credit card

Ship To:

Name_____ Street_____ P.O. Box_____ City, State, Zip_____ Pack no._____ Price $_____ Description_____ ☐ Standard Shipping ☐ Express Delivery Greetings_____	Name_____ Street_____ P.O. Box_____ City, State, Zip_____ Pack no._____ Price $_____ Description_____ ☐ Standard Shipping ☐ Express Delivery Greetings_____
Name_____ Street_____ P.O. Box_____ City, State, Zip_____ Pack no._____ Price $_____ Description_____ ☐ Standard Shipping ☐ Express Delivery Greetings_____	Name_____ Street_____ P.O. Box_____ City, State, Zip_____ Pack no._____ Price $_____ Description_____ ☐ Standard Shipping ☐ Express Delivery Greetings_____

Subtotal $_____

Standard shipping is $8.97 per pack. Total Shipping $_____

Express delivery charges vary according to weight and will be added to total. Total Order $_____