ORDER FORM SPRING - AUTUMN - SUMMER BULBS



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| NAME | | | | ••••• | | Date | • • • • • • | •••• |
| ADDRESS:State | | | | | | Fundraising? Please send me your no obligation | | |
| Telephone (H)(Wo | | | | k) | | Fundraising | _ | |
| (M)Email: | | | | | ••••• | Tick box | | 1 |
| Our "How to | o Grow Bulbs Sucessfully" with each order. Howe | ever if yo | u 'do | not' wish to | receive it please tick here | | | |
| Quanity | Variety Or Pack name | \$ | c | Quanity Variety Or Pa | | k name | \$ | c |
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| | | | | | | SUBTOTAL | | |
| | | | | Chilling Service for Tulips - 10% of value of Tulip bulbs | | | | |
| | | | | Spring & Autumn Bulbs Order - Postage & Insurance Within WA \$8.50 Other States \$12 | | | | |
| | | | | er Bulb Order - Additional Po Within WA \$8.50 | Additional Postage & Insurance | | | |
| | | - | | | | Other States \$12 AMOUNT | | \vdash |
| <u> </u> | | | | Write Chec | que or money order payable to KA | & LJ Chambers | | |
| | | | | If we are sold out of varieties you have ordered we | | | | |
| Please debit my credit card as marked, Complete all 16 digits & expiry date | | | ; | will ring you or if you prefer- | | | | |
| Expiry Date: Mastercard | | | . | | ubstitute bulbs of milar type and price | Cu | stome | er |
| Cardholder's Name: | | | | | | Ex | sting | |
| Conditional Company | | | | $ _{\mathbf{R}}$ | efund your money | Customer | | |