STANDARD & BLACK IMPRINTS ORDER FORM

Person Placing Order ____________ P.O. # ____________ State Resale # ____________ Date ____________

Email ____________ Phone ____________ Fax ____________

SOLD TO:

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SHIP TO:

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QUANTITY	CATALOG #	4-COLOR	B&W	BOTANICAL NAME	COMMON NAME	CUSTOM (attach documents)	SUBTOTAL PER EACH CATALOG NUMBER
						TOTAL	
						PLUS FREIGHT	

- Freight will be added at invoice
- $200.00 minimum order. Items can be amalgamated with any other products available to meet mimimum.

BILLING INFORMATION

- ☐ Invoice to my account.
- ☐ Please set up an account.
- ☐ Please contact me with the invoice total when shipping is determined & I will send a check.
- ☐ Charge to my VISA, Mastercard, or American Express.

CREDIT CARD # ____________

NAME ON CARD ____________

EXPIRATION DATE ____________

Please do not email credit card information.

macore

P.O. Box 338 | Lafayette, Oregon 97127

Fax completed order form to our Toll Free Fax 866.771.9899, Phone 800.331.9555 or email to order@macore.com.