

Regal Daylilies

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Name:					Email:				
Address:					Method of Payment:				
City:			State:		Zip:			Visa <input type="checkbox"/> M/C <input type="checkbox"/> Disc <input type="checkbox"/> Amex <input type="checkbox"/> PP <input type="checkbox"/> Personal Check <input type="checkbox"/>	
Phone:			Fax:		Name on Card _____				
Shipping Address: (If different from above)					Card Number: _____ _____ _____ _____				
Order Date:			Requested Ship Date:		Exp Date: ____ ____ CCV: _____ Billing Zip _____				
Qty	Daylily Name			Amount	Qty	Daylily Name			Amount
1					24				
2					25				
3					26				
4					27				
5					28				
6					29				
7					30				
8					31				
9					32				
10					33				
11					34				
12					35				
13					36				
14					37				
15					38				
16					39				
17					40				
18								Plant Total	
19								Shipping / Handling	12 00
20								Subtotal	
21								Ohio Residents add Sales Tax – 7.5%	
22									
23								Invoice Total	