Paint Creek Nursery Order Form

Description	Qty.	Size	Age	Price each	Total

Name_____

Address_____

City_____State_____

Ph:_____Zip_____

Email_____

Please mail to:
Paint Creek Nursery
3215 N. 140th Avenue
Cadott, Wisconsin 54727 "or".. info@paintcreeknursery.com

☐ Check this box if substitutions are allowed.

Box charge $5.00 per box_____ + $_____
(aprx. one box/400 seedlings,
trans plants require more/bigger boxes, call with questions)

Sub-Total _____ + $_____

Sales tax 5.5% (WI only) _____ + $_____

Shipping add 15% _____ + $_____
($10.00 minimum) Transplant stock shipping
cost will be more and calculated after packing.

Order Total_____ = $ ☐
(Sorry, we do not accept credit cards)

Pay 25% deposit to secure stock_____ (=Total x .25) $_____
(orders of $100.00 or less require full payment)

Balance due before shipping (=Total – deposit) $_____

Today's date_____

Desired ship date_____
(no shipments prior to April 15th)