STATE FLORA

PLANT ORDER FORM

Account Details:	
Account Name:	
Contact:	
Postal Address:	
	Post Code:
Telephone (W):	(H):
Mobile:	Fax:
Date Ordered:	Order Number:
Date Required:	
Signed:	

Are substitutes required for species not available?	
NO: ☐ YES: ☐	If "yes" please indicate:
Soil type:	
Degree of frost:	
Rainfall:	(mm)

Plants to be **Collected:**	
BELAIR: ☐	**MURRAY BRIDGE:** ☐
Dispatched: ☐	**CARRIER:** ☐
Nominate Here:	
Any special conditions:	

A packing and dispatch fee is charged per each box of plants. This fee includes costs of delivery to the carrier. Additional freight charged by carrier will apply.

No Req	Tube Col-our	PLANT NAME: Botanical name.	Amount $	C