

FOX HILL

Lilac Nursery

LILAC ORDER FORM

Billing Name & Address (Please Print)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Contact Numbers: (if we have questions about your order)

Home: () _____

Email: _____

Shipping Name & Address (if different than from billing)

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Work: () _____

Substitutions: We can substitute a similar lilac with the same color if you wish.

Choose substitutions for me: _____

Refund my money / no substitutions: _____

Please ship the following lilacs

Qty	Size	Name & Code # of Lilac	Unit Price	Item Total
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Lilac Total: \$ _____

\$15.00 Base Charge plus \$2.00 for each additional lilac shipped

Shipping: \$ _____

Subtotal: \$ _____

Maine Residents add 5% Sales Tax: \$ _____

GRAND TOTAL: \$

Please make check payable to: Fox Hill Lilac Nursery
Please write neatly or your order cannot be processed

Fox Hill Lilac Nursery
 347 Lunt Road
 Brunswick, ME 04011