



**Les Jardins Osiris**  
 818 rue Monique  
 St-Thomas de Joliette, Qc  
 J0K 3L0  
 Tél. 450 759-8621  
 Fax. 450 759-6571

**MAILING ADDRESS :**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Telephone (     ) \_\_\_\_\_  
 E-mail \_\_\_\_\_

*Please note that we send mail order in fall only and that we ask for a minimum amount of 100,00 dollars for each order. All sale taxes are included in prices.*

	Quantity	Name of plant	Price	Total
1				
2				
3				
4				
5				
6				
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9				
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11				
12				
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14				
15				
16				
17				
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20				

<b>Method of payment</b> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>		<b>COST OF PLANTS</b>	
<b>Credit card number</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>SHIPPING CHARGES</b>	
<b>Expiration</b> <b>Last 3 digits on back of card</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<b>TOTAL</b>	
<i>After printing this order form, please complete and mail or fax with your payment.</i>			
Signature: _____			