



**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			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

<b>Method of payment</b> Check <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>		<b>COST OF PLANTS</b>	
		<b>SHIPPING CHARGES (10%)</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"/>		<b>TOTAL</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"/>		<i>After printing this order form, please complete and mail or fax with your payment.</i>	
		Signature: _____	