PLUG ORDER FORM

OFFICE USE	initials	date
TAKEN BY:		/
ENTERED BY:		/
PROOFED BY:		/
ACK. BY:		/

KUBE PAK *Growers of Fine Plants*

194 Route 526, Allentown, NJ 08501 tel.(609)259-3114 - FAX(609)259-0487

COMPANY NAME____ DATE________________________

ADDRESS____

CITY_________________________ STATE_______ ZIP_______________

CONTACT NAME_____________________TEL #____________________

SHIP VIA________________CUSTOMER #____________ PC_____-_____

PLEASE USE MONDAY SHIP DATES AT THE TOP OF EACH COLUMN AND THE QUANTITY OF FLAT TRAYS PER SHIP DATE IN EACH BOX.

VARIETY	TRAY SIZE	ITEM #	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /	ORDER # DATE /
Enter total trays for each ship date:												

Buyer's Signature____