

Hangin Tree Nursery, Inc.

Customer Information

Customer ID#: _____

Federal Id# _____

Company Name: _____

Bill to Address: _____

City: _____ St: _____ Zip: _____

Ship to Address: _____

City: _____ St: _____ Zip: _____

Customer Name: _____

Ph# _____ Fax# _____

Cell# _____

Resale Tax Exempt Id# _____

(Please fax copy to 407-889-0050)

Payment Method: Cash, Credit Card or Wire Transfer (Call for other payment methods)

E-mail: _____

(Please disregard if payment method is different)

Credit Card Information

Customer Name: _____

Name on Credit Card: _____

Credit Card Type: AX V/MC Other: _____

Credit Card # _____

Expiration Date: _____

AX: (4 Digits on front) _____ (3digits on back) _____

V/MC: (3 digits on back) _____

Card Billing Address: _____

Card Billing Zip Code: _____