

Purchaser Signature:_____

Mail: PO Box 10, Thorold ON L2V5E9

Web: www.stokeseeds.com

2024 ORDER FORM

Phone: (800) 263-7233 **Fax:** (800) 272-5560

Email: stokes@stokeseeds.com

BILL TO:		Street Address: Postal Address: (P.O. and Rural Route Box holders—please include street address) City, Province, Postal Code: When is your plant date? When would you like your seed order shipped? How many acres of vegetables do you grow? Check one: Local Markets Home Gardener Greenhouses Commercial Grower				
Customer Number:						
Name:						
Street Address:						
City, Province, Postal Code:	City Province Pr					
515, 1. 10 11105, 1. 100.00						
Daytime Phone: ()	When would yo					
	110W IIIally doll					
Fax: ()	Commercial Gr					
Email:	We will illake	every effort to ship your so		nt date.		
ITEM # VARIETY N		Old out, may we substitute?	UNIT PRICE	PRICE		
VARIETT N	NAIVIE	QUANTITY	UNII PRICE	FNICE		
		Total from this side	<u> </u>			
Method of Payment (All purchases payable in Canadian Funds)		Total from this side: Total from other side:				
Providing this information authorizes the use for payment.		SUBTOTAL:				
Cheque: \$	(Please be advised our Minimum Order Value is now \$250 plus taxes & shipping.)					
□ VISA □ MASTERCARD □ On A	Packaging & Handling: \$14.95 (orders under \$500.00)					
Card Number:	Cheque with Order Discount 2% (On Orders over \$500.00 only)					
	SUBTOTAL:					
Expires: CVV:	*Residents of AB, BC, MB, SK, YT, NT and NU please add 5% GST. Residents of NB, NS, NL, ON and PE please add applicable HST. *QC add 14.975% TVQ					
Name on Card:						
	ORDER TOTAL:					
Ordering watermeld	on seed? Remember to sign	your waiver forms	!			
I HAVE READ THE LIMITATION	OF WARRANTY ON PAGE 1	138 AND ACCEPT	ITS TERMS.			

Thank you for ordering from Stokes Seeds!

Date:

ITEM #	VARIETY NAME	QUANTITY	UNIT PRICE	PRICE
			1	
			1	
			+	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			1	
			+	