Stocks Lane
NURSERIES LIMITED

Tick this box if you wish to collect ☐

Tick this box if you require delivery ☐

I would like an order acknowledgement ☐

2024 YOUNG PLANT ORDER FORM

Customer Name:	Account No:
Address:	
	Tel No:
e-mail:	Fax No:

PRODUCT/VARIETY	TRAY SIZE	NUMBER OF TRAYS REQUIRED PER WEEK PLEASE ENTER WEEK NUMBER BELOW						TICK IF LABELS REQUIRED

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