Stocks Lane

Tick this box if you wish to collect

Tick this box if you require delivery

I would like an order acknowledgement

2025 YOUNG PLANT ORDER FORM

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

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

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		PLEASE ENTER WEEK NUMBER BELOW						LABELS
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