



Master Gardener ORDER FORM

☛ Coordinators scan and e-mail this form to:
mvcomtois@ucanr.edu

Date _____

Name _____

APPROVED BY _____ Name _____

ORDERED BY _____ E-mail _____

Title _____

Address _____

County _____

City, State, Zip _____

Signature _____

Daytime phone _____

Quantity	Product #	Title	Unit Price	Total

For questions, please call: (800) 994-8849
or (530) 400-0725

Merchandise Total	_____
Subtract 40% discount	_____
Subtotal	_____

Are these items for resale? ___yes ___no
Tax will be applied to non-resale items.

☛ County account/recharge number _____

Shipping costs will be calculated based on our actual shipping costs. Do not use a shipping table to calculate costs. Allow 2 weeks for delivery.

Contact us prior to making a return.