W.H.PERRON

2022 ORDER FORM
SEEDS AND ACCESSORIES

BILLING ADDRESS | Customer # :

PLEASE COPY YOUR CUSTOMER NUMBER THAT APPEARS ABOVE YOUR NAMEON THE BACK COVER OF THIS CATALOGUE

Family Name : _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)

Address : _____

City : _____

Province : _____ *Postal code :* _____

Telephone : ( ) _____ *Fax : ( )* _____

E-mail : _____

W.H. PERRON NOW ACCEPTS PAYMENT BY CREDIT CARD ONLY.

SHIPPING ADDRESS ☐ *Same as billing address*

Family Name : _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)

Address : _____

City : _____

Province : _____ *Postal Code :* _____

Telephone : ( ) _____ *Fax : ( )* _____

METHOD OF PAYMENT

VISA MasterCard

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Exp. Date Month ☐☐ Year ☐☐ **3 digit security code** *(back of* ☐☐☐

Cardholder signature: _____

PAGE	DESCRIPTION	ITEM NUMBER	QTY	UNIT PRICE	TOTAL $	TOTAL ¢
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PAGE	DESCRIPTION	ITEM NUMBER	QTY	UNIT PRICE	TOTAL $	TOTAL ¢
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