Temple Garden Center Inc.

11314 Lower Azusa Rd., El Monte, CA 91732
Tel: (626) 452-0133 Fax: (626) 452-0198
Email: sales@templenursery.com Website: www.templenursery.com

Purchase Order Form

Buyer:	Attn To:	Date of Order:
Bill To:	Ship To:	Customer ID#:
Address:	Address:	Ship Date: ____/____/____ Cancel Date: ____/____/____
City, State, Zip:	City, State, Zip:	Tax ID # / Resale Permit #:
Phone # / Fax #:	Phone # / Fax #:	Buyer's P.O. #:

☐ Visa Account Holder's Name: _____

☐ M/C Signature: _____

Account No. #: __ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ Exp Date __ __ / __ __

Payment: ☐ Prepaid (Credit Card / Check) ☐ COD (Money Order / Cashier's Check) ☐ Credit Application Attached

Note: Credit card information is required as security deposit on all orders. All Prepaid Orders must be paid at the time of ordering. No returns will be accepted without authorization. All past due balances are subject to a caring charge of 1.5% per month to your account.

Item #	Description	Qty	Unit Price	Extended Amount

All merchandise remains property of TEMPLE GARDEN CENTER INC. until fully paid.
Cancellation notice of sales order must be received in writing 15 days prior to ship date.

Total:

I hereby have read and agreed to the TERMS & CONDITIONS OF SALE.
Buyer's Signature:

Date:

Store Type: