



RISPENS SEEDS, INC.

P.O. Box 310 1357 Dutch American Way
Beecher, IL 60401

Phone: 888-874-0241 * 708-946-6560 * Fax: 708-946-6115

Visit us on the web: www.rispenseeds.com

Email orders to: rispens@rispensseeds.com

Office & Store Hours: Monday – Friday 7:30am – 5:00pm * Saturday 8:00am – 12:00 noon (January – May)

Order Date: _____

CUSTOMER INFORMATION

*Please note only one shipping address per order.

*Please complete ship to address only if different than sold to.

Sold to: _____

Ship to: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip: _____

State: _____ Zip: _____

Day Time Phone: _____

Mobile Phone or other contact: _____

e-mail address: _____

This order is given and subject to the conditions printed on the reverse side hereof and to acceptance and approval by Rispens Seeds, Inc., Beecher, IL.
Please read conditions on reverse side of this order form.

*Shipping information: **DATE REQUIRED** (Please check any time or supply date)

Ship Anytime: _____ **Do Not Ship Before:** _____

PREFERRED METHOD OF SHIPMENT (please check only one)

____ UPS (See Rate Chart at Back of Catalog) ____ Parcel Post (Call for rate) ____ Priority Mail (Call for rate) ____ Motor Freight (Call for rate)

*When considering shipping date please be aware that Rispens Seeds, Inc. is not responsible for unattended deliveries.

*Rispens Seeds, Inc. reserves the right to ship by means other than those specified as necessary.

METHOD OF PAYMENT (Please check one)

Please make Check or Money Order made **payable to: RISPENS SEEDS, INC.**

*Payable in U.S. dollars. * No third party checks accepted.

*A handling fee of \$5.00 will be applied to **all** purchases below the \$50.00 required minimum order. (Merchandise only).

CREDIT CARD ORDERS PLEASE COMPLETE ALL INFORMATION BELOW.

(Please check one) ____ Visa ____ MasterCard ____ Discover



Credit Card Number _____ Expiration Date ____ / ____ / ____
Month Year CVC

Card Holder's Signature _____

Is the billing address for your credit card different than the sold to address above? (Please check one) ____ YES ____ NO
If **yes** please supply credit card billing address:

SPECIAL ORDERING INFORMATION

Please refer to our catalog for minimum quantity order requirements. Please note minimums vary by variety.

M = 1,000 seeds OZ = 1 Ounce LB = 1 Pound

When ordering less than 1M please indicate quantity as such; 250 seeds or 500 seeds, etc...

Please Indicate **Substitutions** (Please check one) ____ Send Next Best ____ Do Not Substitute
M, OZ, LB or Seeds

Quantity Per	Product #	Description	Lot (Office Use)	Unit Price	Net Amount

PLEASE SEE THE REVERSE SIDE FOR MORE ORDERING INFORMATION

TOTAL (FRONT)

TOTAL (BACK)

SUBTOTAL

OFFICE USE ONLY

ILLINOIS RESIDENTS ADD 8% TAX (IF APPLICABLE)

UNDER MINIMUM \$50.00 ORDER ADD \$5.00 HANDLING FEE

FREIGHT / SHIPPING/ POSTAGE

TOTAL AMOUNT ENCLOSED

ILLINOIS RESIDENTS ONLY

Please supply a tax exempt certificate, or complete this section, or add 8% Illinois State Sales Tax to your merchandise total.

Seed purchased from RISPENS SEEDS, INC. is for Agricultural use and therefore is exempt from sales tax.

IBT # _____

Signature _____

