ORDER FORM

Date:	**Order No:**
Name:	
Address:	
Telephone:	
Fax:	
email:	
PLEASE PRINT IN BLOCK CAPITALS	

TIMPANY NURSERIES & GARDENS
77, Magheratimpany Road
BALLYNAHINCH
Co. Down. BT24 8PA. Northern Ireland
Tel/Fax 00 (44) 028 97 562812
EC/UK.NI3122

s.tindall@btconnect.com
www.timpanynurseries.com

MASTERCARD / VISA /MAESTRO
Cash with Order or Card details.
Cheques payable 'Timpany Nurseries'

Card No:	
Name on Card:	**Valid from / Expiry /**
Signature of Card Holder:	
Security Code. Last Code (last three digits on back of card)	

Mastercard ☐ **Visa** ☐ **Maestro** ☐ **(Please tick)**

Quantity	Name of Plant	^	Each£	£ P
	Prices in Sterling **Sub Total**			
	Postage & Packing			
	TOTAL			

If you require substitutes, please use reverse of Order Form