

# Seedling Order Form

# SC Forestry Commission

Call (803) 275-3578  
or Fax (803) 275-5227

ORDER #: \_\_\_\_\_  
*office use only*

**ORDERED BY:** *(PLEASE PRINT Black Ink)*

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
Email \_\_\_\_\_  
Person to pick up: \_\_\_\_\_

**Shipping Instructions**

Ship by UPS  
 Will pick-up

**Type of Ownership**

Private Landowner  
 Forest Industry  
 Other Industry  
 State  
 Federal  
 County  
 Commercial Nursery  
 Other \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_

*Date Processed*

\_\_\_\_\_

*Deposit #*

\_\_\_\_\_

*Customer #*

\_\_\_\_\_

*Amount Paid*

\_\_\_\_\_

*Amount Due*

\_\_\_\_\_

*Refunded*

\_\_\_\_\_

**SHIP TO:** *(If different from above)*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_

**Date DESIRED Pick-up/Receive** *(check one)*

Bareroot			Containerized		
Taylor Nursery			Taylor Nursery		
Month	1-15	16-31	Month	1-15	16-31
DEC	<input type="checkbox"/>	<input type="checkbox"/>	OCT	<input type="checkbox"/>	<input type="checkbox"/>
JAN	<input type="checkbox"/>	<input type="checkbox"/>	NOV	<input type="checkbox"/>	<input type="checkbox"/>
FEB	<input type="checkbox"/>	<input type="checkbox"/>	DEC	<input type="checkbox"/>	<input type="checkbox"/>
MAR	<input type="checkbox"/>	<input type="checkbox"/>	A \$2 per box/month fee will be charged for seedling storage beyond December 31.		

ATTACH CHECK OR MONEY  
ORDER HERE  
Payable to:  
SCFC (South Carolina Forestry Commission)  
*(Payment Must Accompany Order)*

**MAIL TO:**  
SC Forestry Commission  
PO Box 21707  
Columbia, SC 29221-1707

NUMBER OF SEEDLINGS	SPECIES	# OF BAGS OR PACKS	X	PRICE/BAG	=	COST

**COUNTY TO BE PLANTED** \_\_\_\_\_

Minimum Order of \$25 Total Seedlings \$

UPS DELIVERY CHARGES	SC, NC & GA ONLY CALL FOR OTHER STATES.	per box of 10	\$16.50	x Number of boxes	= total of line
		per box (all other quantities)	\$25.00		
Pales Weevil control \$3.50/1000 (Loblolly Pine only after Feb. 1). Orders must be received by Jan. 31.			Total Pales Treatment (if applicable) \$		
			Total delivery charge \$		

**PAYMENT METHOD**

Check Check No.# \_\_\_\_\_

Money Order M.O. # \_\_\_\_\_

VISA

MASTERCARD

\_\_\_\_\_

*Credit card number* *Expiration Date* \_\_\_\_\_ month/year

\_\_\_\_\_

*Customer Name (Print Please)*

X \_\_\_\_\_  
*Customer Signature (required for all orders)*



**GRAND TOTAL \$** \_\_\_\_\_

**THANK YOU FOR YOUR ORDER**

PLEASE NOTE: ALL REQUESTS FOR REFUNDS MUST BE MADE IN WRITING VIA LETTER OR E-MAIL AND RECEIVED BY NOVEMBER 15th.