

Seeds of Light, Inc.

P.O. Box 100690 Cape Coral, Florida 33910

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ORDER FORM

Item	Qty	Description	Unit \$	Total\$
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
Order Total				

Company Name _____

Notes:

Contact Name _____

Address _____

City, State _____ Zip _____

Telephone # _____ Fax # _____

Payment Type _____ (Visa M/C) VCode _____ COD _____

Credit Card # _____ Exp _____

Address on Card _____

City, State _____ Zip _____

Signature _____ Print Name _____