Freedom TREE·FARMS®

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BILL TO ADDRESS	SHIP TO ADDRESS

BILL TO ADDRESS

Company Name:________________________________
Contact:_____________________________________
Street Address:_______________________________
City:_______________________________________
State:________ Zip Code:______________________
Phone:(_______)_______________________________
Fax: (_______)________________________________
Email:_______________________________________

SHIP TO ADDRESS

Company Name:________________________________
Contact:_____________________________________
Street Address:_______________________________
City:_______________________________________
State:________ Zip Code:______________________
Phone:(_______)_______________________________
Fax: (_______)________________________________

DATE	SHIP DATE	PO#

QTY	DESCRIPTION	SIZE	UNIT PRICE	TOTAL