

**ORMOND NURSERIES**

148 Rowley Crescent,

Grovetown, Blenheim

Ph: 03 5776354

Fax: 03 577 9741

Email: [office@ormondnurseries.co.nz](mailto:office@ormondnurseries.co.nz)

Customer Order Form

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Mobile \_\_\_\_\_

Email: \_\_\_\_\_

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I wish to Order the following grape plants: -

Budwood Variety	Rootstock Variety	Quantity	Year

Date \_\_\_\_\_

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