

Order Form for 2025-26

ALPHA NURSERIES, INC

3737 -65th ST.
HOLLAND, MI 49423

Phone: 269/857-7804
E-mail: sales@alphanurseries.com
Fax: 269/857-8162

Date for order to be **Received** by customer: _____
Method of Shipment: _____ (UPS, Freight or Customer Pickup)

Customer Information:

Business name _____
Person ordering _____
Billing address _____

Shipping address _____
(if different from above) _____
Phone _____
Fax _____
E-mail _____

(required only for broadleaves)
(if less than 500 per item)

Quantity	Size	Age	Species/Description	1000 rate	Multiplier *	Cost	Total

** \$200.00 minimum order All orders under \$200.00 must be fully paid, when order is placed *** \$45.00 minimum shipping charge **** 25% Deposit due with order 5% discount on orders over \$10,000.00 (For full list of terms look on Page 19)	*** 	Subtotal ** UPS orders add 15% Total Deposit **** Balance Due (provided deposit is paid)	
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Note: * For orders less than 500 broadleaves/species/size....
 Determine the correct multiplier by using price calculations on bottom of page 13 and/or page 15.
 Evergreen prices per ordered quantities are pre-calculated on pages 4-7--no multiplier needed. Fill in "Cost" column only