



Order Form

Winter Gardenz Ltd GST No. 99-022-949
Freephone: 0800 946 837 Fax 09 838 6431
PO Box 84 262, Westgate, Waitakere 0657
Email: grow@wintergardenz.co.nz
www.wintergardenz.co.nz

Please complete this form out and either fax, post or email your order to Winter Gardenz with payment.

Contact details

Date _____

Name _____ Email _____

Phone _____ Mobile _____

Delivery address (include any special delivery instructions) _____

Product details

I would like to order the following products...

Model Number	Description	Quantity	Price (inc gst)

All prices included GST and are subject to Winter Gardenz standard terms and conditions.
All sales are final. If an order is cancelled, Winter Gardenz reserves the right to keep any
deposit paid to cover administration / restocking fees.

Delivery/Freight	\$
Total	\$

Payment options

My preferred payment method is...

Credit Card - please charge my credit card

Card Type Visa Mastercard Card Expiry ____ / ____

Credit Card Number

Name on card _____ Signature _____

I give permission for Winter Gardenz Ltd to charge my credit card as per the information that I have provided on this form.

Cheque - please find attached a cheque for full payment

If cheque is your preferred payment method, please ensure it is made payable to 'Winter Gardenz Ltd' and sent with this completed order form. This will assist us in processing your payment as quickly as possible. Our postal address is...

Winter Gardenz Ltd,
PO Box 84 262,
Westgate,
Waitakere 0657

Direct Credit - I've transferred payment to your account

If direct credit / bank transfer is your preferred payment method, please ensure you include your surname/company as reference in the transaction. Please also complete this order form and post or fax to us. This will assist us in processing your payment as quickly as possible. Our bank account details are as follows...

Account Name: **Winter Gardenz Ltd**
Bank & Branch: **ASB Westgate**
Bank Account No: **123085 0431742 00**