



SHELLT® Grow-Tubes Large Order Form

Contact Information:

Date: _____

Name: _____

Company: _____

Phone #: _____

Email: _____

Bill to Address: SAME AS SHIP TO? YES _____ NO _____

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Business Activity: _____

Ship to Address

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Business Activity: _____

Is your location Residential or Commercial? _____

Is it considered a Rural Location? Yes ___ No ___

Are there any access restrictions to full trucks? _____

Do you require an appointment for the delivery? _____

If not, what are your delivery hours? _____

Is a truck with lift-gate needed? Yes ___ No ___

Do you have a forklift? Yes ___ No ___

Do you have a loading dock? _____

Any other special instructions? _____

Product

(#734, #734.1, #733C or #733)

Article: _____ Quantity: _____ Color: _____

Article: _____ Quantity: _____ Color: _____

Article: _____ Quantity: _____ Color: _____

Article: _____ Quantity: _____ Color: _____

Addition Questions or Concerns before placing order:

IF YOU ARE INTERESTED IN PLACING A LARGE ORDER, PLEASE FILL OUT THIS FORM AND EMAIL IT TO SHELLT@MARIPLASTUSA.COM.