

**IMPORTANT NOTE:**  
After October 1,  
please place orders  
by phone or web.

**ORDERED BY**

Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

PO No. \_\_\_\_\_ Customer No. \_\_\_\_\_

**HOW TO ORDER**

**CALL: 1 (888) 847-8637**  
**FAX: 1 (203) 338-0744**

**ONLINE:**  
**colorblends.com**

Use the item numbers  
in this catalog to order  
from our website!

**MAIL THIS FORM TO:**  
**Colorblends**  
**747 Barnum Ave**  
**Bridgeport, CT**  
**06608-2415**

**DELIVER TO** (If different from above address. Must be a street address—no P.O. boxes.)

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Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**DELIVERY**

**PLEASE DELIVER MY BULBS**  
**(CHECK ONE):**

- At the correct time for planting (Colorblends decides)
- Late September
- October
- November
- Please refrigerate my bulbs and ship in December. I agree to a \$20 flat fee for prechilling.

**ORDER**

ITEM NO.	# OF BULBS	NAME	UNIT PRICE	ITEM TOTAL

**PAYMENT METHOD**

Check payable to Colorblends

**Credit card** (circle one)    

16 digits      16 digits      15 digits      16 digits      EXP. DATE M M Y Y

CARD NO. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

<b>Order Total</b> \$60 minimum		
<b>Shipping</b> See facing page	+	
<b>Subtotal</b>		
<b>Sales Tax</b> CT only (+6.35%)	+	
<b>GRAND TOTAL</b>		