



Gainous' Shade Trees, Inc.
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2024 CUSTOMER ORDER FORM

BILLING ADDRESS

COMPANY: _____
 CONTACT: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: _____
 EMAIL: _____

SHIPPING ADDRESS

COMPANY: _____
 CONTACT: _____
 ADDRESS: _____
 CITY, STATE, ZIP: _____
 PHONE: _____

DATE OF ORDER

DELIVERY OR PICKUP

REQUESTED DELIVERY / PICKUP DATE

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QTY

SIZE

ITEM

QTY

SIZE

ITEM

QTY	SIZE	ITEM	QTY	SIZE	ITEM

Date Received: _____ Date Confirmed: _____