

GAUDE TREES LTD.

since 1989

266 14th Street West, Prince Albert, Saskatchewan Canada S6V 3L3
 Office: (306) 922-1052 Fax: (306) 922-8733 info@treesrus.ca www.treesrus.ca

- Inquiry
- Order
- Quote expires 30 days
- Customer Copy
- Office Copy
- Nursery Copy
- Shipper Copy
- Customer Rep.

Date: _____ Contact: _____

Company Name: _____ PST #: (for SK businesses to be exempt): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Cell: _____ Tel: _____ Fax: _____

- Accept Email Newsletter Accept Text Message Voice Mail

	ITEM	SIZE	QUANTITY	PRICE	TOTAL
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					

Date Requesting Consultation

Date Requesting Delivery

Date Requesting Installation

Pick-up Shipping Yard = Hwy #11 & Deer Park Rd / 24 km SW of PA

NURSERY STOCK We dig spring & fall; plant anytime until freeze up. Dig hole 1/3 larger in diameter than plant material, plant at same depth, back fill with quality soil, create moat with excess soil & mulch. Water for three years; ensure moisture is maintained with a probe. Detailed care instructions are on-line. Your guarantee is dependent on your care. Take great care of this investment & enjoy.

CHRISTMAS TREES For wholesale distribution visit www.treesrus.ca

DISCOUNTS Apply to Christmas Trees & Nursery Stock only. They do not apply to freight, accessories, and packaging or to accounts paid by credit card. Discounts increase with purchase volume, see details in our current catalogue online at www.treesrus.ca

INTEREST of 1.5% per month charged on overdue accounts.

<input type="checkbox"/> Cash	Sub Total	
<input type="checkbox"/> Cheque		
<input type="checkbox"/> Credit	Discount	
<input type="checkbox"/> Debit		
	G.S.T. 5%	
	P.S.T. 5%	
	SK Residents Only	
	TOTAL	

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FUNDRAISER - WREATHS

- * COMPLETE THIS FORM TO PROCESS YOUR ORDER (use it as your cover letter to us).
- * IMPORTANT: () number of pages in this transmission if faxing your order.

Date: _____ Contact #1: _____

Non Profit Group: _____ PST #: (for SK businesses to be exempt): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Cell: _____ Fax: _____ Email: _____

Delivery Instructions (if different address):

Store Front/Site Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Contact #2: _____ Telephone: _____ Cell: _____

Contact #3: _____ Telephone: _____ Cell: _____

ITEM	PACK SIZE	QUANTITY	UNIT PRICE	TOTAL
* 14 in. Balsam Fir - \$13.50/wreath	6/bundle		\$81.00/bundle	
* 14 in. Balsam Fir 10+ Bdl \$12.50/wreath	6/bundle		\$75.00/bundle	
* 18 in. Balsam Fir - \$18.50/wreath	6/bundle		\$112.50/bundle	
* 24 in. Balsam Fir - \$28.00/wreath	4/bundle		\$112.00/bundle	
Freight - expect to co-share cost of delivery if outside our shipping lanes.				
PAYMENT TERMS				
DECEMBER 15 th				
(PAYABLE VIA A POST DATED CHEQUE)				
Confirmation of your order and an invoice will be mailed out shortly after we receive it.				
* NOTE: The above prices are for the 2016 season				
* ORDER DEADLINE: MONDAY OCTOBER 17				

Date: _____

Signature: _____

Print Name: _____

*Signing here indicates you've read & accept our current TERMS AND CONDITIONS OF SALES within our current catalogue.

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SHIPPING & PAYMENT DETAILS

USE THIS FORM AS YOUR COVER LETTER

TOTAL PAGES: _____ (if faxing your order)

COMPANY NAME: _____ **Contact #1:** _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Telephone: _____ **Cell:** _____ **Fax:** _____

Delivery Instructions (if different than billing address):

Store Front/Site Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Contact #2: _____ **Telephone:** _____ **Cell:** _____

Contact #3: _____ **Telephone:** _____ **Cell:** _____

Select freight and delivery options below. **Select payment option below.** **Date and sign this form.**

PAYMENT TERMS: One of the following must be checked off when ordering products.

Confirmation of your order and an invoice will be mailed out shortly after we receive it.

NURSERY STOCK (Please Note: All nursery stock orders require a 25% non-refundable deposit.)

PAYMENT OPTION #1 – Credit Card Purchases Only On Nursery Stock – **VISA** **MASTERCARD**

Name On Card: _____ Card Number: _____ Expires: _____

PAYMENT OPTION #2 – SEND PAYMENT IN THE MAIL VIA CHEQUE or MONEY ORDER.

PAYMENT OPTION #3 – Payment in cash may be made if you pickup in our Shipping-Receiving compound.

CHRISTMAS TREES, WREATHS, ACCESSORIES (We do not accept credit cards on Christmas tree orders.)

PAYMENT OPTION #1 - 25% deposit on order due September 30th, balance by form of post dated check, will be due November 30th.

PAYMENT OPTION #2 - Letter of guarantee to the Company from a recognized lending institution, payable in full December 15th.

PAYMENT OPTION #3 – We are a non-profit organization and will pay in full on or before the 15th of December. Send a post-dated cheque after you have received your invoice.

FREIGHT OPTIONS: Can we ship to you anytime? **YES** _____ **NO** _____

* **If you answered no**, we will do our best to schedule an appropriate day which can work with our other customers' requests. Weather conditions may cause delays in delivery. Please select from the following and indicate your wish by circling the day(s):

Month Requested: _____

Date Requested: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

FREIGHT PICK-UP OPTION - Customers may pick up all products at our shipping-receiving compound situated at the main nursery facility, 24kms south of Prince Albert. An appointment must be made prior to arrival.

Date: _____ **Signature:** _____ **Print Name:** _____

*Signing here indicates you have read and accept our current TERMS AND CONDITIONS OF SALES. These may be found on our web site www.treesrus.ca and in most recent annual catalogue, or call our office.

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CREDIT APPLICATION

Company Name: _____

Contact Persons / Positions: _____

Address: _____

City: _____ Postal Code: _____

Business Telephone: _____ Cellular Telephone: _____

Fax: _____ Home Telephone: _____ E-mail (optional): _____

LEGAL STATUS: Proprietorship _____ Partnership _____ Corporation _____ Non-Profit Organization _____

Nature of Business: _____

Number of Years in Business: _____ Saskatchewan Residents Only - PST # _____

Your Bank: _____ Account Manager: _____ Account # _____

Address: _____ City: _____ Postal Code: _____

Telephone: _____ Fax: _____ Your Credit Card: VISA MASTERCARD

Name on Card: _____ Card Number: _____ Expires: _____

CREDIT / TRADE REFERENCES

Name # 1: _____

Address: _____

Telephone: _____ Fax: _____ E-mail (optional): _____

Name # 2: _____

Address: _____

Telephone: _____ Fax: _____ E-mail (optional): _____

Name #3: _____

Address: _____

Telephone: _____ Fax: _____ E-mail (optional): _____

I HAVE READ, UNDERSTAND, AND ACCEPT THE TERMS AND CONDITIONS WHICH ARE IN THE CURRENT ON-LINE CATALOGUE AT WWW.TREESRUS.CA AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE THE RELEASE OF INFORMATION TO GAUDET TREES LTD. TO CONTACT ANY REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO RECEIVE RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES AND REFERENCES.

Applicant _____ Date: _____
(Signature and Title of Authorized Officer) (Date of Application)

FOR CREDIT DEPARTMENT USE ONLY

CREDIT TERMS: _____ APPROVAL 1: _____
CREDIT LIMIT: _____ APPROVAL 2: _____