DEVIL MOUNTAIN
WHOLESALE NURSERY

Quote/Order Form

Please fill out this PDF in Adobe Reader and click the "Submit" button to send your completed form by email; OR print, fill out, and send by fax to (925) 829-6009.

Order Date _____ Desired Delivery/Will Call Date _____ Sales Person *(if applicable)* _____

Customer Name _____ Job _____ PO# _____

Address _____ Address _____

City _____ City _____

E-mail _____ Cross Street _____

Phone _____ Fax _____ Job Phone/Contact Person _____

Status: ☐ Quote ☐ Order ☐ Will Call ☐ Delivery _____

Quan.	Size	Item Description

Quan.	Size	Item Description

Special Instructions _____

_____

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