NGN Pre-Order Form								
Order Date:						For NGN Off	ice Use Only	
Preferred Deliv					Invoice #:			
Order Contact:					Sales Rep:			
Contact Phone Contact Email:					Total:			
Delivery Address:					Deposit Due:			
Delivery Address.								
Company Name:								
Plant Type: (Circle One)		Pellet	Clone	Teen				
,, ,								
Quantity		Strain						
	0							
Addtl. Notes:	1		·	!		!	!	!
				<u> </u>		I	I	I
Cianadi								
Signed:	1							
	Thank you for y	your business! If any changes are needed, please notify the NGN office as soon as possible.						