



1. Shipping Address

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ Fax: _____

Email: _____

2. Products Ordered : ORDER #

Subtotal: \$ _____

Shipping: \$ _____

Total: \$ _____

DISCLAIMER: The customer understands that all Captain Amsterdam products are offered for herbarium specimen, collection, legitimate research, plant propagation, educational and/or ornamental purposes only. The customer understands that these products are not sold for human consumption. Some of the products available are poisonous and have not been tested by the FDA. Use at your own risk. Captain Amsterdam accepts no responsibility for the result of use or misuse of anything supplied. **The customer states that he/she is 18 years of age or over.** By placing an order, the customer agrees to the terms and conditions stated, and automatically accepts all responsibilities.

I Agree to the disclaimer. Authorized Signature: _____

(AUTHROIZED SIGNATURE IS REQUIRED FOR ORDER TO BE PROCESSED)

Method of Payment:

Check Cash Money Order

PLEASE MAIL OR FAX FORM & PAYMENT TO:

Captain Amsterdam
PO Box 871
Del Mar, CA 92014-0871
fax: (270) 458-5696
tel: (877)-752-7362