FROM _____

ADDRESS _____

_____

PROV. : _____ POSTAL CODE : _____

W.H.PERRON

2914 CURÉ-LABELLE BLVD.
LAVAL, QUEBEC
H7P 5R9

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## LAW 25

Rest assured that your credit card information is only kept for the time of the payment process. After confirmation by your bank, the data is immediately deleted from our system.

For any information concerning the protection of personal information, please contact Mr. Benoit Plante, Privacy Officer, via email (see below).

**responsable.loi.25@norseco.com**

## SATISFACTION PROGRAM

W.H. Perron is committed to provide you with healthy, vigorous seeds that meet your needs and expectations.

If you are not satisfied with our seeds, we will replace them promptly, free of charge. Our satisfaction program recognizes that results depend on climate, soil and crops; therefore, we must limit our liability to the purchase price of the seed.

From the date of receipt of the product, you have an allotted period of time to send us a detailed written notice explaining why the product is not satisfactory. The original invoice must be included with your request.

| PRODUCTS | PERIOD ALLOWED FOR RETURNS |
|---|---|
| Seeds | 6 months |
| Strawberries, Potatoes and Onions | 3 months |
| * Perennial Flowers seeds | 6 months |
| **Accessories | 30 days |

* Our Satisfaction Program applies only if you order perennial flower seeds recommended for your hardiness zone. (See «HARDINESS ZONE» section on our website.)

** You have a period of thirty (30) days to notify W.H. Perron of any damaged or non-functioning accessories in order to obtain a full refund or credit note. After 30 days, the damaged accessory must be returned directly to the manufacturer according to the terms of the warranty.

*While every precaution is taken, errors in pricing or specifications may occur on our website and in printed catalogues. We reserve the right to change prices without notice.*

W.H.PERRON

# 2025 ORDER FORM
# STRAWBERRY PLANT PLUGS, POTATOES & ONIONS

10

**BILLING ADDRESS** | Customer # :

*PLEASE COPY YOUR CUSTOMER NUMBER THAT APPEARS ABOVE YOUR NAMEON THE BACK COVER OF THIS CATALOGUE*

*Family Name :* _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)
*Address :* _____
*City :* _____
*Province :* _____ *Postal code :* _____
*Telephone : (  )* _____ *Fax : (  )* _____
*E-mail :* _____

**W.H. PERRON NOW ACCEPTS PAYMENT BY CREDIT CARD ONLY.**

**SHIPPING ADDRESS** ☐ *Same as billing address*

*Family Name :* _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)
*Address :* _____
*City :* _____
*Province :* _____ *Postal Code :* _____
*Telephone : (  )* _____ *Fax : (  )* _____

**METHOD OF PAYMENT** VISA MasterCard

Month Year
Exp. Date **3 digit security code** *(back of card)*
*Cardholder signature:* _____

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|---|---|---|
| 1. MEMBERS of a horticultural society registered with the OHA or FSHEQ. **** Membership code** | -10% of total A | - |
| | **Sub-total B** | = |
| **2.** FIXED HANDLING AND SHIPPING FEES Quebec (except JOM postal codes) Ontario, New Brunswick and Nova Scotia. | | + 11,95 $ |
| | **Sub-total C** | = |
| 3. TAXES - add the appropriate taxes according to your region. Applicable on Strawberry and shipping only. | | |
| Quebec | ( 5 % GST + 9.975 % QST) 14.975 % to subtotal C | + |
| Ontario | 13 % HST to subtotal C | + |
| New Brunswick / Nova Scotia | 15% HST to subtotal C | + |
| | **Sub-total D** | = |
| 4. GIFT CARD / deduct the amount of a gift card or of a credit note you may have. Return the gift card or credit note with your order. | | - |
| 5. DEBIT NOTE / add the amount of a balance due on a previous order. Return the debit note with your order. | | + |
| | **TOTAL** | = |

W.H.PERRON

# 2025 ORDER FORM
# SEEDS AND ACCESSORIES

10

**BILLING ADDRESS** | Customer # :

*PLEASE COPY YOUR CUSTOMER NUMBER THAT APPEARS ABOVE YOUR NAMEON THE BACK COVER OF THIS CATALOGUE*

*Family Name :* _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)
*Address :* _____
*City :* _____
*Province :* _____ *Postal code :* _____
*Telephone : (  )* _____ *Fax : (  )* _____
*E-mail :* _____

**W.H. PERRON NOW ACCEPTS PAYMENT BY CREDIT CARD ONLY.**

**SHIPPING ADDRESS** ☐ *Same as billing address*

*Family Name :* _____ *Name :* _____
(PLEASE, USE BLOCK LETTERS)
*Address :* _____
*City :* _____
*Province :* _____ *Postal Code :* _____
*Telephone : (  )* _____ *Fax : (  )* _____

**METHOD OF PAYMENT** VISA MasterCard

Month Year
Exp. Date **3 digit security code** *(back of card)*
*Cardholder signature:* _____

| PAGE | DESCRIPTION | ITEM NUMBER | QTY | UNIT PRICE | TOTAL $ | TOTAL ¢ |
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