



HAY ORDER FORM

COMMON STABLING NAME / FARM NAME (FOR PURPOSES OF DELIVERY LOCATION)	
# OF BALES	_____ x \$16.20CAD

BILLING INFORMATION

FULL NAME	
ADDRESS	
CITY, PROVINCE OR CITY, STATE	
POSTAL CODE OR ZIP CODE	
CREDIT CARD NUMBER	
EXPIRY DATE	
CVD CODE	
PHONE NUMBER	

Each bale is two string approx. 50 LBS and is an alfalfa, timothy mixture

TOTAL TO BE CHARGED TO CREDIT CARD ABOVE (NUMBER OF BALES X \$16.20 EACH)	\$ _____
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**** EACH BARN IS RESPONSIBLE FOR PROVIDING A CREDIT CARD THAT ALL HAY TO THE COMMON STABLING NAME WILL BE CHARGED TO****

OFFICE USE ONLY	Date received:	Payment process date:
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**THIS FORM MUST BE EMAILED BEFORE JULY 15, 2025 TO:
devin@keystonecentre.com**