asse's piary

Bee Hive Order Form 2018

2018 Prices:

Established Hive: \$220 each Extra Queens: \$29 each New Supers w/ frames: \$41 each

Hives must be ordered in multiples of two.

Our beehives are an established colony in a standard ten-frame hive body, running nine-frame spacers. Due to the nature of our palletizing, hives are only available in multiples of two. Empty supers are shallow-depth nine-frame spacers, new condition, painted, with wooden frames and wired foundation. Volume discounts may be available on empty supers, upon request.

Hives will be available for farm pickup in **May of 2018**. Pickup date and time will be established as hives develop, and we will contact you to schedule your pickup. **Pickup will be by appointment only.**

If you have any questions please contact us at:

Sasse's Apiary LLC c/o Elizabeth Sasse 1070 2000th Ave. Chestnut, IL 62518 (217) 615-8511 elizabeth@sassesapiary.com

For additional copies of this form, please visit us at www.Facebook.com/sassesapiary

Note: Sasse's Apiary LLC will not be responsible for hives after pick-up. Failure to pick up hives on the scheduled pickup date/time will result in the possible forfeiture of purchase. Any problems resulting from your hives are at your responsibility. The bees are Italian/Carniolan hybrid cross, and will be inspected prior to pickup. The purchaser agrees not hold liable Sasse's Apiary LLC, or any of its employees, for any problems that may occur prior to and following pick-up of order. By submitting your order you certify that you understand and agree to the above terms. If you have any questions or concerns please contact us in advance of the pickup date so that we may discuss them.

Please make checks/money orders payable to **Sasse's Apiary LLC**. A paid invoice will be sent upon receipt of your order and full payment. **Your bees will not be reserved until full payment is received.**

Pick Up Location: Sasse's Apiary, 1070 2000th Avenue, Chestnut, IL 62518

Please send completed copy of this form with payment. Please retain a copy of completed form for your records.

Name:	Email Address:	
Address:	City:	State: Zip:
Phone Number:	Alternate Phone:	
# of Established Hives (multiples of two):	x \$220.00 = \$	Pick-up date: May 2018
# of Extra Queens:	x \$29.00 = \$	By Appointment Only Pick-up Location:
# of New Supers w/ frames:	x \$41.00 = \$	Pick-up Location: 1070 2000 th Ave. Chestnut, IL 62518
	Total \$	Ph: (217) 615-8511