

flannel flowers

Ordered by: Mr. / Ms. _____

Contact Phone Nos.: _____ Fax: _____

Delivery Date: _____

Receiver's Name: _____

Address: _____

Phone Nos.: _____

Description	Qty	Amount
Bouquet <input type="checkbox"/>		
Arrangement <input type="checkbox"/>		
Plant / Other <input type="checkbox"/>		
Vase <input type="checkbox"/>		
Delivery Charge <input type="checkbox"/> Express Delivery Charge <input type="checkbox"/>		
Total Amount		
Special instructions: _____		
Message: _____ _____		

Credit Card Details:	<input type="checkbox"/> CITYSUPER	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Card Issuer (Bank / Institution):			
Cardholder's Name:			
Card Number:		Sec. Code	Exp. Date
Phone Numbers:			
Cardholder's Signature:		Order Date:	