

FRESH FLOWER ORDER FORM

When you have completed this form, Please fax it to 604.685.3502.

Date: _____

Customer Name: _____

Phone No: _____

Card Holder Name(if different than customer): _____

Card Number/Type: _____

Card Expiry Date: _____

Pick up order: y/n

Delivery: y/n

If delivery, indicate time of day. Note, we have two deliveries, one in the AM and in the PM.

-- Delivery Information --

Recipients Name: _____

Phone No.: _____

Delivery Date: _____

Street Address: _____

Apt. No.: _____

City: _____

Postal: _____

Delivery Costs: _____ (note: must refer to order manual for delivery costs)

-- Order Details --

Total Amount to be spent excluding shipping charges = \$ _____

Special Order Details (Color, Theme, Occasion, Flower Preference)

NOTE - Please ask if a Vase or a Card is needed as part of this order)

Card Message and Gift Instructions (Special Gift or Card Selection)

Fresh order taken by _____ Order Completed Date: _____ By : _____
Customer Service Follow up call completed on _____ by _____