ORDER FORM

All orders should be sent to flowerz.dt@gmail.com or office.flowerz@gmail.com

Name: ___________________________________      Phone: _________________________

Email: ________________________________ Company Name: _______________________________

Address: ____________________________________________________________________

Budget: ____________________
Describe the arrangement:
(Please include colors, flowers requested, style and type of container)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Delivery Date: ________________ Delivery Time: ________________
Location: ____________________________________________________________________

Payment Type: CASH CREDIT CARD

NAME ON CARD: ________________________________ CREDIT CARD TYPE: ________________

CC# : _____________________________________________

EXP: _____________ CVV: ______________

POSTAL CODE: ___________ CARD OWNER SIGNATURE: __________________________

PAYMENT MUST BE RECEIVED ONE WEEK PRIOR TO DELIVERY