



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