



F A C S I M I L E O R D E R F O R M

FAX ORDERS TO: (03) 9419 1389

CUSTOMER DETAILS

CUSTOMERS NAME:

ADDRESS:

TELEPHONE NO:

EMAIL ADDRESS:

DELIVERY DETAILS

REQUESTED DELIVERY DATE:

APPROX TIME:

LOCATION:

NAME TO DELIVER TO:

ADDRESS:

TELEPHONE:

CARD MESSAGE:

SPECIAL INSTRUCTIONS:

ITEMS

ITEM SELECTED

1ST CHOICE*:

2ND CHOICE*:

COLOUR PREFERENCE

1ST CHOICE*:

2ND CHOICE*:

PRICE: (includes delivery)

PAYMENT DETAILS

CARD TYPE:    

CARD NO:

EXPIRY DATE: /

CARDHOLDERS NAME:

SIGNATURE:

* If a particular flower, colour or box is not available it will be substituted with something similar.