



NAME					DATE		
ADDRESS					ORDER NO. 200		
CITY					PHONE		
WRAP	BOX	CORSAGE	WREATH	PLANT	BASKET	CONTAINER	VASE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARD FROM					DELIVERY		
					WIRE CHARGES		
					PURCHASES		
DELIVER TO					G.S.T.		
					SUB-TOTAL		
					P.S.T.		
					TOTAL		
SHIP DATE		SHIP VIA			PAID	C.O.D.	ON ACCT.
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>