

NAME					DATE			
					200			
ADDRESS					ORDER NO.			
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"/>	
BIRTHDAY					DELIVERY			
<input type="checkbox"/>	ANNIV.	SYMP.	CONGRAT.					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
RECOVERY	BIRTH	LOVE	PLAIN	WIRE CHARGES				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
CARD FROM					PURCHASES			
					G.S.T.			
					SUB-TOTAL			
DELIVER TO					P.S.T.			
					<b>TOTAL</b>			
SHIP DATE			SHIP VIA			PAID	C.O.D.	ON ACCT.
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BB-47-33