

NAME										DATE		200															
ADDRESS										ORDER NO.																	
CITY					POSTAL CODE					PHONE		<input type="checkbox"/> DAY															
<input type="checkbox"/> WRAP		<input type="checkbox"/> BOX		<input type="checkbox"/> CORSAGE		<input type="checkbox"/> WREATH		<input type="checkbox"/> PLANT		<input type="checkbox"/> BASKET		<input type="checkbox"/> CONTAINER		<input type="checkbox"/> VASE		AMOUNT											
BIRTHDAY										DELIVERY																	
<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										WIRE CHARGES																	
										PURCHASES																	
										G.S.T.																	
DELIVER TO										SUB-TOTAL																	
										P.S.T.																	
										TOTAL																	
SHIP VIA										<input type="checkbox"/> CASH		<input type="checkbox"/> CHEQUE		<input type="checkbox"/> DEBIT CARD		<input type="checkbox"/> C.O.D.		<input type="checkbox"/> ACCOUNT		<input type="checkbox"/> VISA		<input type="checkbox"/> M-C		<input type="checkbox"/> AMEX		<input type="checkbox"/> DISCOVER	
SHIP DATE										CREDIT CARD NUMBER										EXPIRY							
200																											

06 57-07