

Today's Date _____ Time _____ Employee Name _____

SENDING FLORIST INFORMATION

Shop Name _____

Shop Code # _____ Spoke With _____

Phone Number _____ Fax Number _____

RECIPIENT INFORMATION

Delivery Date _____ Delivery Day _____

Recipient Name _____ Phone Number _____

Company Name _____

Address _____

City _____ State _____ Zip _____

PRODUCT INFORMATION

Item 1 _____ Amount \$ _____

Item 2 _____ Amount \$ _____

Card Message _____

Special Instructions _____

Occasion	
<input type="checkbox"/>	Birthday
<input type="checkbox"/>	Anniversary
<input type="checkbox"/>	Congratulations
<input type="checkbox"/>	Baby
<input type="checkbox"/>	Sympathy
<input type="checkbox"/>	Thinking of You
<input type="checkbox"/>	Get Well
<input type="checkbox"/>	Other _____

FILLING FLORIST

Shop Name _____

FSI Shop # _____ Spoke With _____

Phone Number _____ Fax Number _____

Address _____

City _____ State _____ Zip _____