

P.O. Box 810 | Eagle Point, OR 97524-0810
Toll Free: 877.231.2478 | Fax: 877.213.7820
www.floralsourceinc.com

Date Received _____ / _____ /20_____
Time Received _____
Shop ID # _____
Statement Month _____
Batch # _____
<i>For Headquarters Use Only.</i>

REPORT OF ORDERS FILLED

Shop Name _____ Shop ID # _____

Address _____

City _____ State _____ Zip + 4 _____

Business Phone (____) _____ Toll Free (____) _____ Fax (____) _____

ORDERS MUST BE REPORTED WITHIN 90 DAYS FOR GUARANTEED PAYMENT

	Sending Shop ID#	Delivery Date	Recipient's Last Name	Gross Amount
1.				
2.				
3.				
4.				
5.				
6.				
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19.				
20.				
21.				
22.				
23.				
24.				
25.				
			TOTAL THIS PAGE	

MAIL OR FAX TO THE ABOVE ADDRESS OR FAX NUMBER

To properly ensure that you are credited for the above orders on the next available statement, **we must receive this form by 2:00 pm (PST) Pacific Standard Time, on the last day of each month.** Any logs received after this date will be posted on the next available statement. All orders will be placed on your statement in order of delivery date.