FLORIST

Customer Ord. No. _____ Date _____ 19 _____

Sold To _____

Address _____

City _____ State _____ Zip _____

Deliver To _____

Address _____

City _____ State _____ Zip _____

Del. Date	A.M.	P.M.	CHARGE	C.O.D.	PAID	Tel. Del	Order Date

UNIT	QUANTITY	DESCRIPTION		AMOUNT	
		TAX			
		TOTAL			

CARD

Received by _____

FLORIST

Customer Ord. No. _____ Date _____ 19 _____

Sold To _____

Address _____

City _____ State _____ Zip _____

Deliver To _____

Address _____

City _____ State _____ Zip _____

DEL. DATE	A.M.	P.M.	CHARGE	C.O.D.	PAID	TEL. DEL	ORDER DATE

UNIT	QUANTITIY	DESCRIPTION		AMOUNT	
		TAX			
		TOTAL			

CARD

Received by _____