



NAME						DATE		200		
ADDRESS						ACCOUNT				
CITY				POSTAL CODE		PHONE <input type="checkbox"/> DAY <input type="checkbox"/> EVG.				
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 <input type="checkbox"/>	AMOUNT		
BIRTHDAY <input type="checkbox"/>	ANNIV. <input type="checkbox"/>	SYMP. <input type="checkbox"/>	CONGRAT. <input type="checkbox"/>	RECOVERY <input type="checkbox"/>	BIRTH <input type="checkbox"/>	LOVE <input type="checkbox"/>	PLAIN <input type="checkbox"/>	DELIVERY		
CARD FROM							WIRE CHARGES			
							PURCHASES			
							G.S.T.			
							SUB-TOTAL			
DELIVER TO							P.S.T.			
							<b>TOTAL</b>			
SHIP VIA			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"/>
SHIP DATE			CREDIT CARD NUMBER						EXPIRY	