## Flowers for You

## Order Form Order date: \_\_\_\_\_ Delivery Date: Customer name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_ money order Total paid: check (checks must clear before item delivered or sent) Order Total number of items \_\_\_\_\_ Size (approx. dimensions) \_\_\_\_\_ Container(s) supplied by: Style Shape (Describe in detail) Color(s) Important Details