



FAX ORDER FORM

Fax 312-432-9813
Questions? 312-432-1800
Email: custserv@ashaddflorist.com

FROM

- Business
- Personal

Contact Information

Name _____
Business Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
Email Address _____

Payment Options

Ashland Addison Account Number _____
Credit Card Type _____
Credit Card Number _____ Exp. _____
Name as it appears on card _____

Billing Information or Same as Contact Information

Name _____
Business Name _____
Address _____
City _____ State _____ Zip Code _____



ORDER #1

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____
 Out of Town Add \$11.95 _____
 Add 10.25% Sales Tax _____
Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____
 Business Name _____
 Address _____ Suite/Apt # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Number _____
 Email Address _____
 Card Message: _____

ORDER #2

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____
 Out of Town Add \$11.95 _____
 Add 10.25% Sales Tax _____
Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____
 Business Name _____
 Address _____ Suite/Apt # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Number _____
 Email Address _____
 Card Message: _____



ORDER #3

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____
 Out of Town Add \$11.95 _____
 Add 10.25% Sales Tax _____
Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____
 Business Name _____
 Address _____ Suite/Apt # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Number _____
 Email Address _____
 Card Message: _____

ORDER #4

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____
 Out of Town Add \$11.95 _____
 Add 10.25% Sales Tax _____
Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____
 Business Name _____
 Address _____ Suite/Apt # _____
 City _____ State _____ Zip Code _____
 Phone Number _____ Alternate Number _____
 Email Address _____
 Card Message: _____



ORDER #5

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____

Out of Town Add \$11.95 _____

Add 10.25% Sales Tax _____

Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____

Business Name _____

Address _____ Suite/Apt # _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

Email Address _____

Card Message: _____

ORDER #6

Holiday Sympathy Get Well Corporate New Baby Anniversary Other

Item #	Quantity	Product Description	Price Per Item	Sub totals

Local Delivery Add \$10.95 _____

Out of Town Add \$11.95 _____

Add 10.25% Sales Tax _____

Total _____

Recipient Information

Business Residence

Delivery Date: _____

Name _____

Business Name _____

Address _____ Suite/Apt # _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Number _____

Email Address _____

Card Message: _____