



**FAX ORDER FORM**

Fax 312-432-9813  
Questions? 312-432-1800  
Email: [custserv@ashaddflorist.com](mailto: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 \$11.95 \_\_\_\_\_  
 Out of Town Add \$13.00 \_\_\_\_\_  
 Add 9.50% 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 \$11.95 \_\_\_\_\_  
 Out of Town Add \$13.00 \_\_\_\_\_  
 Add 9.50% 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 \$11.95 \_\_\_\_\_  
 Out of Town Add \$13.00 \_\_\_\_\_  
 Add 9.50% 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 \$11.95 \_\_\_\_\_  
 Out of Town Add \$13.00 \_\_\_\_\_  
 Add 9.50% 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 \$11.95 \_\_\_\_\_

Out of Town Add \$13.00 \_\_\_\_\_

Add 9.50% 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 \$11.95 \_\_\_\_\_

Out of Town Add \$13.00 \_\_\_\_\_

Add 9.50% 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: \_\_\_\_\_