



NAME					DATE	
ADDRESS					ORDER NO.	
CITY					PHONE	
WRAP	BOX	CORSAGE	WREATH	PLANT	BIRTHDAY	CUSTOMER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIRTHDAY					UNIV.	
<input type="checkbox"/>					<input type="checkbox"/>	
CONGRAT.					DELIVERY	
<input type="checkbox"/>					<input type="checkbox"/>	
LOVE					WIRE CHARGES	
<input type="checkbox"/>					<input type="checkbox"/>	
PLAIN					PURCHASES	
<input type="checkbox"/>					<input type="checkbox"/>	
CARD FROM					G.S.T.	
<input type="checkbox"/>					<input type="checkbox"/>	
DELIVER TO					SUB-TOTAL	
<input type="checkbox"/>					<input type="checkbox"/>	
					P.S.T.	
					<input type="checkbox"/>	
					TOTAL	
SHIP DATE			SHIP VIA			PAID
<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
						C.O.D.
						<input type="checkbox"/>
						ON ACCT.
						<input type="checkbox"/>

PROOF