

**ORCHID ORDER FORM**

Date \_\_\_\_\_

Item \_\_\_\_\_

Description \_\_\_\_\_

Orchid Cost \_\_\_\_\_

Sales Tax \_\_\_\_\_

Shipping Cost \_\_\_\_\_

**TOTAL** \_\_\_\_\_

**Buyer's Name** \_\_\_\_\_

Phone Number \_\_\_\_\_

Email (to send receipt) \_\_\_\_\_

**Payment Method**

Visa

Master Card

Discover

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Amount \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

**Ship/Deliver To**

Name \_\_\_\_\_

Business Name if applicable \_\_\_\_\_

Street \_\_\_\_\_ Unit \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Is this a residence? Yes \_\_\_\_\_ No \_\_\_\_\_

Delivery Date Requested \_\_\_\_\_ Permission to leave at door \_\_\_\_\_

Please Initial

**Note Card Enclosure** \_\_\_\_\_

**Special Instructions** \_\_\_\_\_