



Perfect Bouquet Order Fulfillment
 6024 Krisee Ct, Citrus Heights, CA 95621
 (tel) 800.785.0260 ▪ (fax) 866.919.2742
 www.PerfectBouquet.Com

PERFECT BOUQUET ORDER FORM

For your security, do not email credit card information. Please fax this form to 866-919-2742.

<i>For Perfect Bouquet use</i>	
Order No	Date Processed

Purchase Order No / Customer Reference No _____

Tel _____ Fax _____ Email _____

CREDIT CARD INFORMATION

Visa
 MasterCard
 American Express
 Discover
 Check / Money Order

Credit Card Number _____ Expiration Date _____ Security Code * _____
*VISA/MC: last 3 digits on back of card
 *AMEX: 4 digits on front of card

Name on Card (Individual name) _____

BILL TO

SHIP TO Same as billing address

Billing Company _____

Ship to Attn _____

Billing Street Address 1 _____

Shipping Street Address 1 _____

Billing Street Address 2 _____

Shipping Street Address 2 _____

City _____ State / Province _____

City _____ State / Province _____

Zip / Postal Code _____ Country _____

Zip / Postal Code _____ Country _____

SHIPPING INFORMATION

Priority Overnight
 Standard Overnight
 2nd Day
 Ground
 International
 Other

Shipping Account No _____ If other, please specify _____
If a shipping account number is not provided, Perfect Bouquet will notify customer of the additional shipping charges based on the shipping method selected. For automated shipping calculations, create an order at www.perfectbouquet.com/catalog/.

ORDER INFORMATION

Item	Qty	Unit Price	Extended Price

Subtotal _____
 Shipping _____
Order Total _____ **USD \$**