

CRYSTAL-LIKE ROSES ORDER FORM

CONTACT INFORMATION

Name: _____ Company: _____
 Billing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

SHIPPING INFORMATION

Purchase Order Number: _____
 Shipping Address (if different from billing): _____
 City: _____ State: _____ Zip: _____

BILLING INFORMATION

Payment Type: VISA MasterCard Check or money order (mailed with this completed form)
 Card #: _____ Name on Card: _____ Exp. Date: _____

PRODUCTS

STANDARD CRYSTAL-LIKE ROSES		BEADED/FROSTED CRYSTAL-LIKE ROSES	
COLOR	QUANTITY	COLOR	QUANTITY
R-01 RED		R-01 RED	
SC-02 SCARLET		B-03 SKY BLUE	
B-03 SKY BLUE		P-03 PURPLE	
P-02 NEON BLUE		Y-06 YELLOW	
R-09 PINK		W-01 WHITE	
PP-01 FUSCHIA			
W-01 WHITE			
BKG BLACK W/ GOLD TRIM			
Y-06 YELLOW			
G-01 GREEN			
TOTAL		TOTAL	