



**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/](http://www.perfectbouquet.com/catalog/).*

### ORDER INFORMATION

Item	Qty	Unit Price	Extended Price

*Subtotal* \_\_\_\_\_

Shipping \_\_\_\_\_

**Order Total** \_\_\_\_\_

**USD \$** \_\_\_\_\_