

QT # _____

Assigned By _____



Order # _____

Taken By _____

2010 Singing Valentine Order Form

PERSONAL INFORMATION

Sender's Name _____

Sender's Address _____

City, State, Zip _____

Sender's Phone # _____

Recipient's Name _____

Relationship _____

How did you hear about us? _____

(Who, Which Radio or TV Station, Which Newspaper?)

DELIVERY INFORMATION

Preferred Delivery: Date: Fri 12th Sat 13th Sun 14th Time: _____ A.M. P.M.

Circle desired date.

(4-Hour window standard – Add \$25 for 30-minute window)

Location and Directions *(Use back of form or attach MapQuest map if necessary)*

Delivery Contact: _____ Phone Nbr: _____

Special Instructions *(message on card)*

STATEMENT OF CHARGES

Base Price (\$65) _____

Early Bird Discount *(subtract \$15)* _____
(before February 8th)

30-Minute Window *(add \$25)* _____

Add. Roses _____ @ \$5 ea = _____

TOTAL DUE



METHOD OF PAYMENT

Cash C.O.D. Check Check Number _____

CREDIT CARD: MasterCard Visa Exp. Date _____

Card Number _____

Name on Card _____

Amount Received _____ Date _____

Please Fill Out Form Completely and Mail Check or Payment Information to:

VALENTINES
7 Kimberly Lane
North Augusta, SC 29860

(mail-in orders are not confirmed until order is received and scheduler has approved delivery status)