

QT # _____
Assigned By _____



Order # _____
Taken By _____

2012 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: Tue 14th Other _____ Time: _____ A.M. P.M.
(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)* _____

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

Add. Roses _____ @ \$5 ea = _____

TOTAL DUE



METHOD OF PAYMENT

Cash C.O.D. Check Check Number _____

CREDIT CARD:	MasterCard <input type="checkbox"/>	Visa <input type="checkbox"/>	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)