



CUSTOMER INFORMATION FORM

CONTACT INFORMATION

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Email Address: _____

MISCELLANEOUS INFORMATION

Flower Drop Off Date: _____

Wedding Date: _____ Honeymoon Return Date: _____

Other Special Occasion Flowers & Date: _____

Florist: _____

Photographer: _____

Referral Source: _____

(Business, Individual, Advertisement, Website, Etc.)

SHIPPING INFORMATION FOR FINAL PRODUCT

(If different from contact information)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: _____ Email Address: _____