

# CUSTOMER ORDER REQUEST FORM



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**DIRECTIONS:**

- ▶ Enter information in white areas only.
- ▶ Once complete please save your order, and attach to an e-mail to Sales@PrimaFleur.com. You may also fax your order to (415) 455-0956.
- NOTE: You will want to save your order with a unique file name, such as "Company Name - Date".
- ▶ We suggest, once you have completed the 'Client Information' section, saving a copy and using as a template in the future.

**CLIENT INFORMATION**

Bill To Company Name:	Ship To Company Name:
Attention:	Attention:
E-Mail Address:	E-Mail Address:
Street Address:	Street Address:
City, State, ZIP Code:	City, State, ZIP Code:
Telephone:	Telephone:

**SHIPPING AND PAYMENT METHOD**

1. MINIMUM TOTAL ORDER = \$150.00
2. Backorders will NOT be charged until product ships
3. All Orders will ship via UPS Ground unless otherwise indicated in *Shipping Method*

CLIENT P.O. NUMBER	RESALE NUMBER	SHIPPING METHOD	SHIP BY DATE	PAYMENT TYPE	CREDIT CARD ZIP CODE
BACKORDER OPTION: (enter number of selection below) 1. Send available items now, and disregard backordered items 2. Send available items now, and send backordered items as available 3. Hold and consolidate entire order		SHIPPING ACCOUNT NUMBER	CREDIT CARD NUMBER	EXPIRATION DATE	

**ORDER**

ITEM NUMBER & DESCRIPTION	SIZE	QTY.	UNIT PRICE	SUB-TOTAL

