

HOW TO PLACE AN ORDER

When placing an order, please be mindful of the fact that you are paying us to deliver flowers on your behalf many years into the future. There are several steps you will need to complete to ensure your gift is delivered at the requested time to the designated recipient. Please note that in the event you have any difficulty completing the application process or should you have any questions please call or send an email to floralservice@wedelivermemories.net for assistance.

Step 1:

The \$99.95 fee may be paid on line at the [Online Shopping Page](#) or with a check, money order or with credit card information furnished on the next page.

Step2:

Please indicate the type of flowers and colors you wish to send as follows:

Roses: _____
Carnations: _____
Tulips: _____
Spring Bouquet: _____

Color Preference: _____ (If you prefer mixed, please note)

A minimum of twelve (12) roses and eighteen (18) other types of flowers will be delivered. We Deliver Memories will take every reasonable step to match your preferences; however we reserve the right to make substitutions given unusual or extreme circumstance relating to availability, weather, political and/or economic conditions.

Step4: Please provide the DELIVERY DATE: _____

Step5:

Customer Information:

First Name: _____ Middle Initial: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Residence Phone: _____
E-Mail Address: _____

Method of Payment:

Check _____ Money Order _____ Payable to: We Deliver Memories, L.P.

Credit Card (Check One):

Visa _____ Master Card _____ American Express _____

Card No: _____ Exp. Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

NOTE: Returned checks will be assessed a \$25 fee.

Recipient Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address *: _____

City *: _____ State *: _____ Zip Code *: _____

Business Phone *: _____ Residence Phone *: _____

E-Mail Address *: _____

Deliveries to alternate designees will be made only in the event of the original recipient's death and/or the inability to locate him/her pursuant to our terms and conditions.

Alternate Recipient Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Address *: _____

City *: _____ State *: _____ Zip Code *: _____

Business Phone *: _____ Residence Phone *: _____

E-Mail Address *: _____

Personalized Message (up to 50 letters):

** For recipients and alternate recipients below the age of 18 years, the spaces referenced need not be furnished; however, the Social Security Number and the delivery date are required. In order to assure delivery of your package we strongly recommend that an alternate recipient be named.*