

TLC Convention Plant Services



Mailing Address: P.O. Box 962 • Apopka • Florida 32704-0962
 Street Address: 2553 Valerie Ave. • Apopka • Florida 32712-5724 (USA)
 (407) 889-3033 • (407) 880-0655 FAX

Web Site: WWW.TLCCONVENTIONPLANTS.COM

NOTE: If order was faxed with a credit card, you need not send original.

ADDITIONAL
SERVICES
AVAILABLE

Hospitality Suites
Fountains
Gardens
For information
please call us at
(407) 889-3033

SHOW NAME _____
 DATE _____
 LOCATION _____

WE WOULD LIKE TO ORDER THE FOLLOWING ITEMS FOR OUR EXHIBIT:

QUANTITY	ITEM / DESCRIPTION	UNIT PRICE	TOTAL PRICE
HAVE A TLC DESIGNER CALL OUR BOOTH AT SHOW SITE DATE: _____ TIME: _____			
_____	Small Flower Arrangements	\$65.00	_____
_____	Medium Flower arrangements	\$85.00	_____
_____	Custom designed arrangements Starting at \$100.00-\$300.00		_____
_____	Size _____ Height _____ Color _____		_____
_____	6" Table Top (circle one: (SPATH, CROTON)	\$20.00	_____
_____	Azaleas (preferred color: (if available _____))	\$33.00	_____
_____	Mums (circle one: white yellow bronze lavender	\$28.00	_____
_____	Large Fern	\$40.00	_____
_____	Ivies	\$40.00	_____
_____	Bromeliads	\$40.00	_____
_____	2 foot green plants	\$40.00	_____
_____	3 foot green plants	\$44.00	_____
_____	4 foot green plants	\$55.00	_____
_____	5 foot green plants	\$66.00	_____
_____	6 foot green plants	\$77.00	_____
_____	7 and 8 foot green plants	\$100.00	_____
_____	8 foot & up...priced upon request _____		_____
	DELIVERY FEE	\$10.00	_____
	SUB TOTAL		_____
	6.5% SALES TAX		_____
	TOTAL		_____

Containers – (Black), (White), (Wicker)

Brass and other containers available
 Please call for pricing

If tax exempt, you must include a copy of your tax-exempt form.

FLORAL ORDER FORM

Rental price includes: container, top dressing, maintenance, installation and pick up. ALL ORDERS MUST BE PAID-IN-FULL PRIOR TO SHOW OPENING. We accept cash, company check, DINERS CLUB, VISA, MASTER CARD, AMERICAN EXPRESS. *Adjustments cannot be made after the close of the show.* A 100% cancellation fee will be charged on all orders canceled.

Exhibitor Name: _____
 Firm, Billing Name: _____
 Billing Address: _____
 City: _____ State: _____ Zip Code: _____ Phone: () _____
 Contact Name _____ PO.no# _____ Fax: () _____
 Email address: _____
 Credit Card # _____ Expiration Date: _____ (MC-VISA-AM.EX.)
 Name of Credit Card Holder as shown on card _____
 Authorized Signature _____

**BOOTH
NUMBER** ►