

FLORIST

ORGANIZED JUNGLE, INC.

MAILING: PO BOX 126 WINTER PARK FL. 32790 SHIPPING: 64 KANTAGREE TRAIL OSTEEN FL. 32764 PHN (407) 599-9880, FAX (407) 599-9885 EMAIL: INFO@ORGANIZEDJUNGLE.COM

DESCRIPTION FOR RENTAL	COST EACH	QUANTITY	TOTAL COST	
Money Saving Booth Package Rates				
Booth Plant Package A, typical 10x10, (\$20.00 savings)	105.00			
One 3', One 4', One Table Top green plant				1
Booth Plant Package B, For typical 10 x 20, (\$20 savings)	160.00			
One 3', Two 4', One Table Top Green Plant	05.00			-
Table Top Green Plant	25.00			-
2-3 Foot Green Plant	45.00			0
4 – 5 Foot Green Plant	55.00			
6 Foot Green Plant	75.00			
7 Foot Green Plant	85.00			
8' and over Green Plant = Call For Pricing				0
Mums, Yellow White Lavender, If Available	30.00			
Flowering Plants (azaleas, etc) Red White Pink	32.50			
Bromeliads, Yellow Red Orange	35.00			(
Large Fern Pothos Ivy	35.00			
Bubble Bowl, for business cards, "Yours to keep"	25.00			
INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES				D
Floral Arrangements, Please Circle <i>Tropica</i> l or <i>Seasona</i> l				
Single Stem White Orchid Arrangement	70.00			
Fresh Cut Flower Arrangements 12" high (Shape Color)	75.00			
Fresh Cut Flower Arrangements 24" high (ShapeColor)	95.00			M
Custom Floral Arrangement (please ask for quote)				F
If you have a sample picture please e-mail it to us.				
SUBTOTAL				
ADD 6.5% SALES TAX				
TOTAL - INCLUDING SALES TAX				≪F
Company:			_ Booth #	-
Address:				

GESShow: ______
Venue: ______
Dates: _____

Please contact us for custom plants, trees, fountains, waterfalls etc and we can make your ideas come to life. Visit our website DRGANIZEDJUNGLE.COM

Please fax order to 407-599-9885

Orders are delivered prior to show opening If you require a signed delivery receipt please sign here:

An additional charge of \$20.00 will be applied. ALL PRICES INCLUDE DELIVERY, CONTAINERS, SERVICING & REMOVAL AT SHOWS END.

NO REFUNDS OR ADJUSTMENTS WILL BE MADE AFTER THE CLOSE OF THE SHOW. A 50% RESTOCKING FEE WILL BE CHARGED ON ANY ORDER CANCELLED.

PLEASE PAY THIS AMOUNT

Address:				
City:			Zip:	
Phone: ()				
Cell #		E-Mail:		
VISA-MC-AMEX Card#			Exp. Date	/,
CC Billing Address:			City:	
State:Zip code:	Print Name	e on Card:		
Signature:				

RETURN COPY WITH PAYMENT TO ORGANIZED JUNGLE, INC.