

Signature: ____

FLORIST

ORGANIZED JUNGLE, INC.

MAILING: PO BOX 126 WINTER PARK FL. 32790 SHIPPING: 64 KANTAGREE TRAIL OSTEEN FL. 32764 PHN (407) 599-9880

EMAIL: INFO@ORGANIZEDJUNGLE.COM

DESCRIPTION FOR RENTAL	COST FACU	OHABITITY	TOTAL COST	Dates:
Money Saving Booth Package Rates	COSTEACH	QUANTITY	TOTAL COST	
Booth Plant Package A, typical 10x10, (\$20.00 savings)	115.00			Please contact us for custom plants, trees,
One 3', One 4', One Table Top green plant				fountains, waterfalls etc
Booth Plant Package B, For typical 10 x 20, (\$20 savings)	175.00			and we can make your
One 3', Two 4', One Table Top Green Plant				ideas come to life. Visit our website ORGANIZEDJUNGLE.CO Please email order to info@organizedjungle.co
Table Top Green Plant	25.00			
2-3 Foot Green Plant	50.00			
4 – 5 Foot Green Plant	60.00			
6 Foot Green Plant	80.00			
7 Foot Green Plant	90.00			
8' and over Green Plant = Call For Pricing				Orders are delivered price
Flowering Plants (azaleas, etc) Red White Pink	35.50			to show opening If you require a signed delivery receipt please signer: An additional charge of
Bromeliads, Yellow Red Orange	35.00			
Large Fern Pothos Ivy	35.00			
Bubble Bowl, for business cards,	25.00			
INQUIRE ABOUT PLANTS AND FLOWERS FOR BANQUETS AND HOSPITALITY SUITES				\$20.00 will be applied. ALL PRICES INCLUDE
Floral Arrangements, Please Circle Tropical or Seasonal				DELIVERY, CONTAINERS SERVICING & REMOVAL AT SHOWS END.
Single Stem White Orchid Arrangement	70.00)		
Fresh Cut Flower Arrangements 12" high	95.00			
(Shape)	00.00		NO REFUNDS OR ADJUSTMENTS WILL BI	
Fresh Cut Flower Arrangements 24" high	115.00			MADE AFTER THE CLOS
(Shape)				OF THE SHOW. A 50%
Custom Floral Arrangement (please ask for quote)				RESTOCKING FEE WILL
If you have a sample picture please e-mail it to us.				BE CHARGED ON ANY
SUBTOTAL				ORDER CANCELLED.
ADD 6.5% SALES TAX				✓PLEASE PAY THIS AMOUNT
TOTAL - INCLUDING SALES TAX				RPLEASE PAT THIS AMOUNT
Company:			_ Booth #	<u> </u>
Address:				
City: State:				
Phone: ()ext Booth	n Contact	:		
Cell # E-Mail	l:			
VISA-MC-AMEX Card#			Ехр.	Date/,
CC Billing Address:				
State:Zip code: Print Name on Car	d:			

GESShow: _____ Venue:

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