



15550 W. 72nd AVE.
 ARVADA, CO 80007
 Phone: 303.422.3336
 Fax: 303.423.4145
www.littleeden.com

TERRY RENNOLDS PRESIDENT
 Email, Littleeden@mac.com

SHOW NAME: Rocky Mountain Audio Fest

IF YOU REQUIRE FLORAL OR PLANT RENTAL SERVICE IN YOUR EXHIBIT, THIS ADVANCE ORDER FORM WILL EXPEDITE YOUR SERVICE. PLEASE FILL OUT THE FOLLOWING INFORMATION AND FORWARD A COPY TO LITTLE EDEN PLANTSCAPING.

FLORAL ARRANGEMENTS

_____ ROUND OR OBLONG @ \$55.00, \$65.00, \$75.00 AND UP \$ _____
 _____ ONE SIDED @ \$55.00, \$65.00, \$75.00 AND UP _____

SPECIFICATIONS: _____

TROPICAL AND BLOOMING PLANTS

_____ 2 FEET HIGH @ \$30.00 \$ _____
 _____ 3 FEET HIGH @ \$35.00 _____
 _____ 4 FEET HIGH @ \$45.00 _____
 _____ 5 FEET HIGH @ \$60.00 _____
 _____ 6 FEET HIGH @ \$70.00 _____
 _____ POTTED FERNS Small @ \$25.00, Large @ \$30.00 _____
 _____ POTTED BLOOMING MUMS @ \$20.00 _____
 _____ COLORS: _____ WHITE _____ YELLOW _____ LAVENDER _____ BRONZE (seasonal) _____
 _____ POTTED BLOOMING ANTHURIUM @ \$26.00 _____

Larger plants are available, please call 303.422.3336 if interested

PLANT CONTAINER: _____ WHITE _____ BLACK - RENTAL PRICE INCLUDES: PRODUCT, DELIVERY, DECORATIVE POT COVER, MAINTENANCE AND REMOVAL - PRICING FOR TREES AND PLANTS TALLER THAN 6 FEET AVAILABLE UPON REQUEST.

TAX (7.65%) \$ _____
 Sub-total \$ _____
 Total \$ _____

PAYMENT POLICY. ALL ORDERS ARE TO BE PAID IN FULL PRIOR TO THE OPENING OF THE SHOW/EVENT. ALL QUESTIONS REGARDING BILLING MUST BE SETTLED BY SHOW/EVENT COMPLETION. ALL ORDER CANCELLATIONS MUST BE RECEIVED 3 DAYS PRIOR TO SHOW OPENING TO RECEIVE REFUND. ANY CANCELLATIONS NOT RECEIVED AT THIS TIME ARE SUBJECT TO 100% CANCELLATION FEE.

TERMS: CASH, COMPANY CHECK, VISA, MASTER CARD, AMERICAN EXPRESS, DISCOVER CARD

ACCOUNT# _____ EX. DATE _____

I HAVE READ AND UNDERSTAND THE PAYMENT POLICY AND TERMS LISTED ABOVE SIGNATURE OF CARDHOLDER/AUTHORIZED COMPANY PERSONNEL. x _____

COMPANY NAME _____

ADDRESS _____

CITY/STATE _____ ZIP CODE _____

PHONE _____ FAX _____ EMAIL _____

BOOTH # _____ ON-SITE REPRESENTATIVE _____

PLEASE RETURN COPY TO ABOVE ADDRESS

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