



NAME OF SHOW:

SHOW LOCATION: _____

DATES OF SHOW:

Fax – 212 246-2310

www.matlesflorist.com

matlesflorist@yahoo.com

INSTALLATION, SERVICING, AND REMOVAL AT END OF SHOW

SPECIAL SERVICES
AVAILABLE UPON REQUEST

NO CANCELATIONS
WITHIN 16 DAYS OF
THE SHOW

ON SITE ORDERS SUBJECT TO
AVAILABILITY

DELIVERY & PICK UP	\$50.00
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SUBTOTAL:

ADD 8.875% NEW YORK SALES TAX:

TOTAL:

IF YOU REQUIRE DESIGN
ASSISTANCE PLEASE
CALL OR EMAIL

ALL PLANTS INCLUDE
DECORATIVE CONTAINERS

PLEASE CHECK ONE
WHITE BLACK

ALL PRICES INCLUDE

PAYMENT POLICY: ALL ORDERS MUST BE PAID IN ADVANCE

Enclose your check or credit card information as indicated below. Make checks payable to: Matles Florist

Credit Account Number

Expiration Date MM/YY

☐ American Express (15 Digits) ☐ Check

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

☐ MasterCard (16 Digits) ☐ Visa (13 or 16 Digits)

Authorized Signature	Name on Card	Security Code
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RETURN THIS ORDER WITH PAYMENT TO MATLES FLORIST

Company	Phone	FAX
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Address **City, Zip, State**

Party in Charge	Onsite Phone Number

Authorized Signature **Booth #**