

**SOUTHERN SPRING HOME & GARDEN SHOW – CHARLOTTE
PLANT RENTAL ORDER FORM**



OAKDALE GREENHOUSES, LLC

Mailing address: PO Box 481444, Charlotte, NC 28269

Physical address: 5626 Statesville Road, Charlotte, NC 28269

Website: www.oakdalegreenhouses.com

Email: billkay@carolina.rr.com

Phone: (704) 596-4052 FAX: (704) 596-0870

***** **Attract More Customers To Your Booth** *****

"Green Up & Liven Up" your space with live plants delivered directly to your Booth

(1)

Quantity	Type	Advance Rental Rate	"At-Show" Rental Rate	Sub-total Price
_____	6" pot "Tabletop" foliage - var. types (non-blooming, 10 in. - 12 in. height)	\$ 10.00	\$ 12.00	\$ _____
_____	10" pot Floor foliage - var. types (2 ft. - 5 ft. height)	\$ 14.00	\$ 17.00	\$ _____
_____	14" pot Floor foliage - Palm tree (6 ft. - 8 ft. height)	\$ 35.00	\$ 40.00	\$ _____
_____	14" pot Floor foliage - Ficus tree (6 ft. - 8 ft. height)	\$ 45.00	\$ 50.00	\$ _____
_____	6" pot Blooming plants - var. types (in-season plants)	\$ 17.00	\$ 23.00	\$ _____
	Subtotal			\$ _____
	NC Sales Tax (7.25%)			\$ _____
	Total			\$ =====

(1) Eligibility for **Advance Rental Rate** requires order placement before 5:00 PM, February 21, 2018.

Above rental rates include decorative plant container: Indicate preference: Wicker _____ Black Plastic _____

Please indicate type of payment: Cash____ Check____ Credit Card____ and include NC Sales Tax. If paying via Credit Card, complete **Credit Card information** below. Advance Orders placed prior to 5 PM, Wednesday, 2/21/18, will be delivered to your booth on Thursday, 2/22/18, before 5 PM. **Email, fax, or mail this completed Order Form to the address above.**

Show Name: Southern Spring Home & Garden Show – Charlotte

Show Dates: 2/23-25 & 3/2-3/4/2018

Exhibitor Company Name: _____ Booth Number: _____

Mailing address: _____ City _____ State _____

Tel: _____ Fax _____ Email _____

On-site contact name: _____ Mobile: _____

Credit card information:

VISA__ M/C__ AMEX__ Discover__ Credit Card number _____ CSV Code _____

Exp. Date _____ Billing Zip Code _____ Cardholder name on credit card _____