



G O L D Level Membership
DIRECTORY LISTING INSERTION FORM

How did you hear about LocalFlowerShop.com? _____

Which Customer Service Agent assisted you in making your decision to join? _____

Shop Name: _____ Contact Name: _____

Shop Address: _____

City: _____ State: _____ Zip Code: _____

Local Phone: (____) _____ Toll Free Phone: (____) _____

Mobile Number: (____) _____ Fax Number: (____) _____

Email Address: _____ Password: _____

GOLD Membership - Enter your SHORT DESCRIPTION of your services below (255 char max):

Five horizontal lines for entering the short description of services.

Your shop website address: WWW. _____

Shop Email for Web Traffic Confirmations: _____

(we will automatically email you when a customer views to your website)

For City Searches, list up to 5 cities/towns that you deliver to:

1 _____ 2 _____ 3 _____ 4 _____

OPTIONAL (Purchase additional cities/towns \$10/each)

6 _____ 7 _____ 8 _____ 9 _____ 10 _____

(Please use a separate sheet to list additional cities)

Open on Sundays? [] Yes [] No Yes We Can: [] Yes [] No

Wire Services:

- Wire service options: [] FTD, [] Teleflora, [] Bloomlink, [] Floral Source, [] Flower Shop Network, [] Florist Interlink



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Conforti Collection:

- 2007 Fitz & Floyd Sleigh (Retired)
- 2008 Fitz & Floyd Ornament
- Lenox Celebration Gift Bag

Minimum Prices:

Dozen Roses: _____ Mixed Arrangement: _____
 Sympathy Arrangements: _____ Green Plants: _____

Coupon Offer: _____ **Short Description:** _____

Coupon Link: _____ **Expires:** _____

Payment Authorization Information
 CHOOSE ONE PAYMENT PLAN BELOW:

ANNUAL PAYMENT PLAN	
Annual \$295 per year	\$295
Optional Additional Cities Purchased (\$10 each per year)	_____
Total Amount Authorized	_____

MONTHLY PAYMENT PLAN	
Monthly \$27.95 per month	\$27.95
Optional Additional Cities Purchased (\$1 each per month)	_____
Total Amount Authorized	_____

Print name as it appears on Card: _____

Credit/Debit Card #: _____ **Expiration Date:** _____

Credit Card Billing Address: _____

City: _____ **St:** _____ **Zip Code:** _____

I hereby give LocalFlowerShop.com authorization to charge my credit/debit card for the cost of the listing/advertisement. I understand that my auto-renewal date will be one year from my sign-up date.

Authorized Signature: _____ **Date:** _____

Fax your completed forms to (941) 308-3119

Questions? Call us at (800) 515-2710