



SILVER 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: _____

SILVER Membership - Enter your SHORT DESCRIPTION of your services below (102 char max):

Four horizontal lines for entering a 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 3 cities/towns that you deliver to:

1 _____ 2 _____ 3 _____

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.

Conforti Collection:

- Conforti Collection options: 2007 Fitz & Floyd Sleigh (Retired), 2008 Fitz & Floyd Ornament, Lenox Celebration Gift Bag.



SILVER Level Membership

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:

Table with 2 columns: Description, Amount. Row 1: Annual \$195 per year, \$195. Row 2: Total Amount Authorized, _____

Table with 2 columns: Description, Amount. Row 1: Monthly \$18.95 per month, \$18.95. Row 2: 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