

# Custom Planter Order Form



Please fill out the information, as completely as possible, and bring it in with your pot or container.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Email \_\_\_\_\_ Phone # \_\_\_\_\_

Container Description \_\_\_\_\_

Growing Atmosphere (check the box that best applies)

Full Sun     Morning Sun     Afternoon Sun     Full Shade

Specific Colors Desired (can select more than one)

Red     Orange     Yellow     Purple     Pink  
 White     Filler Greens

Specific Directions and/or Plant Types

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ *Office Use* \_\_\_\_\_

Order Taken By \_\_\_\_\_ Date To Be Ready By \_\_\_\_\_