

Peacham Lavender Farm of Vermont, LLC
BULK WEDDING FLOWERS
INVOICE

Event Name: _____ Date of Event: _____

Point of Contact Name: _____ Phone: _____

Style & color palette:

Pickup date, time and directions to our farm:

Date of pickup: _____ Time: _____

1114 Stevenson Road., Peacham, VT. 05821 (we are on the Peacham/Barnet border)
We are located around the corner from Stevenson's Sugarhouse.

Average Sized Bouquets (10-12 stems) \$30 each	Lavender Bouquets ~75-100 stems (one size only) *Available mid-July to Aug. \$30 each
Number of bouquets: _____	Number of bouquets: _____

Subtotal for flowers: _____

Vermont Sales Tax (6%): _____

Square Processing Fee (only applicable if using Square for payment): (5%): _____

Total: _____

Less Deposit: **\$250.00**

Amount Due: _____

Peacham Lavender Farm of Vermont, LLC
1114 Stevenson Rd., Peacham, Vermont 05821

www.peachamlavender.com

peachamlavender@gmail.com

802-745-9556

Peacham Lavender Farm of Vermont, LLC
Bulk Wedding Flowers
CONTRACT

DEPOSIT AND PAYMENT

To reserve your wedding date, please provide a required \$250 nonrefundable deposit along with this signed contract. The balance of the payment is due 10 days before your event. Payment may be made in cash, by check payable to Peacham Lavender Farm of VT, or via Square. All Square payments will incur a 5% processing fee.

CHANGES

Additions and small changes can be made up to 30 days before your wedding date for additional charges. Requested changes must be submitted via email to peachamlavender@gmail.com with your name and wedding date in the subject line. Please note that we cannot reduce bulk flower orders once a signed contract is submitted.

SUBSTITUTIONS

The client agrees to communicate any color and flower variety preferences up front. Peacham Lavender Farm will advise the client on the seasonality of specific flower varieties; however, the vagaries of nature make it impossible to guarantee the availability of specific varieties.

CANCELLATIONS

Cancellations made more than 30 days before the wedding date will receive a refund on all monies paid, less nonrefundable deposit. Please let us know if there are extenuating circumstances, and we will do our best to work with you.

AUTHORIZATION/CONFIRMATION

The signature below indicates understanding of and contractual agreement to the abovementioned terms, and the terms identified in our Information Packet.

Signature: _____ Date: _____