



Florists Supply Ltd.

www.floristssupply.com

C O D C U S T O M E R I N F O R M A T I O N F O R M

Applicant's Company Name (Legal Business Name)

Other Trade Name(s)

Address

Ship to address (if different)

City Province Postal Code

Telephone Fax

Email Web Site

I provide my express consent to receive electronic messages from Florists Supply Ltd.

Type of Business: Retail Florist ___ Gift Shop ___ Interior Design ___ Other (specify) _____

Names and Addresses of Owners or Principal Officers:

| Last Name | First Name | Title/Position | Home Address & Phone |
|-----------|------------|----------------|----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Date Business Started _____ Date Present Ownership Started (if different) _____

PST/HST Number (if applicable) _____ GST Registration Number _____

Authorized Signature: _____ Date: _____

Would you like to receive our weekly cut flower price list? ___ Fax ___ Email

***** Office Use Only *****

Date Approved: _____ Sales Rep: _____

Account number: _____ Territory: _____

WINNIPEG

35 Airport Road
Winnipeg MB R3H 0V5
P. 204.632.1210 F. 204.694.6858
Toll Free Phone: 1.800.665.7378
Toll Free Fax: 1.888.694.6858

SASKATOON

1623 Quebec Avenue
Saskatoon SK S7K 1V6
P. 306.244.4457 F. 306.244.0010
Toll Free Phone: 1.800.667.3985
Toll Free Fax: 1.888.604.0010

EDMONTON

16455 - 118 Avenue
Edmonton AB T5V 1H2
P. 780.424.4576 F. 780.424.4566
Toll Free Phone: 1.800.465.8878

CALGARY

Bay 5 - 6320 11th Street SE
Calgary AB T2H 2L7
P. 403.252.5558 F. 403.252.5597
Toll Free Phone: 1.877.266.8095

VANCOUVER

Roseberry Square Unit 5
3979 Marine Way
Burnaby BC V5J 5E3
P. 604.630.4688 F. 604.630.4681
Toll Free Phone: 1.866.203.8607
Toll Free Fax: 1.866.645.7316



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CREDIT CARD AUTHORIZATION FORM

If you prefer to have all your orders prepaid on your VISA or MASTERCARD, the day of shipping, please complete the following authorization form.

Applicant's Company Name (Legal Business Name)

Other Trade Name(s)

Address

Ship to address (if different)

City Province Postal Code

Telephone Fax

Email Web Site

I provide my express consent to receive electronic messages from Florists Supply Ltd.

PST/HST Number (if applicable) _____ GST Registration Number _____

Names and Addresses of Owners or Principal Officers:

| Last Name | First Name | Title/Position | Home Address & Phone |
|-----------|------------|----------------|----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |

Date Business Started _____ Date Present Ownership Started (if different) _____

Visa# _____ Expiry Date: _____

MasterCard # _____ Expiry Date: _____

Cardholder Name (Please Print) _____

Authorized Signature: _____ Date: _____

This information is for the use of Florists Supply Ltd. only and will remain confidential.

***** Office Use Only *****

Date Approved: _____ Sales Rep: _____

Account number: _____ Territory: _____

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CREDIT APPLICATION

Applicant's Company Name (Legal Business Name)

Other Trade Name(s)

Address

Ship to address (if different)

City Province Postal Code

Telephone Fax

Email Web Site

I provide my express consent to receive electronic messages from Florists Supply Ltd.

Type of Business: _____ Proprietorship _____ Partnership _____ Incorporated

Name of bookkeeper/ accountant: _____ Telephone: _____

Names and Addresses of Owners or Principal Officers:

| Last Name | First Name | Title/Position | Home Address & Phone |
|-----------|------------|----------------|----------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Date Business Started _____ Date Present Ownership Started (if different) _____

PST/HST Number (if applicable) _____ GST Registration Number _____

Bank Reference:

Name of Bank Account# Contact Phone

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Toll Free Fax: 1.866.645.7316

Branch Address _____ City _____ Province _____

Please list 3 trade suppliers that currently extend credit to you:

| Name | Address | City /Province | Phone |
|----------|---------|----------------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Florists Supply Ltd offers payments with VISA or Master Card for your convenience. Please complete if you wish to pay all orders by credit card. Payment will be processed day of shipping.

Visa # _____ Expiry Date: _____

Master Card # _____ Expiry Date: _____

Cardholder Name (Please Print) _____

Authorized Signature: _____ Date: _____

Credit card payments on account: Total balance will be processed 1st business day of every month when statement is printed.

I/We hereby make application for credit with Florists Supply Ltd. subject to its terms of net 30 following date of statement and I/we hereby agree to pay interest at the rate of 2% per month on any portion of our account over 30 days. N.S.F. cheques shall be assessed a \$20.00 service charge.

I/We understand that if credit terms are not being complied with, Florists Supply Ltd. reserves the right to revoke credit privileges and to impose C.O.D. terms, as stated in their credit policy.

I/We the undersigned authorize Florists Supply Ltd. or its representatives to obtain business and/or personal credit information from credit reporting services in connection with the credit hereby applied for and consent to the disclosure of such information to any person or to any credit reporting agency with whom the undersigned have or may have financial relations.

Dated at: _____ this _____ day of _____, 20____.

Authorized Signature: _____

Name & Title (please print): _____

***** Office Use Only *****

Date Approved: _____

Sales Rep: _____

Account number: _____

Territory: _____

Credit Limit: _____

