

**UNITED FLORAL DISTRIBUTORS**1050 Canboro Road, R.R.#1, Fenwick, Ontario, Canada L0S 1C0
Telephone (905) 892-4766 | Fax (905) 892-5834**OFFICE USE ONLY**

Territory: _____

Sales Rep: _____

Freight Charge: _____

Credit Limit: _____

CUSTOMER INFORMATION FORM**COMPANY INFORMATION**

Business Name: _____ Buyer Name: _____

Operating As: _____

Accounts Payable Contact: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip: _____

Email: _____ Phone: _____

HST Number: _____ US Customers-Federal ID: _____

Years in Business: _____ Legal Status: Proprietorship Partnership Corporation

Type of Business: Florist/Garden Center Wholesaler/Grower Grocery/Mass

Other: _____

Delivery Instructions: _____

PRINCIPALS OF FIRM

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Phone: _____ Years with Firm _____ Phone: _____ Years with Firm _____

TERMS OF SALES

- All merchandise is sold C.O.D. unless terms are pre-arranged with credit department.
- Balance is due within 15 days from the date of statement.
- Interest at 2% per month (24% per annum) is charged on all past due amounts.
- All past due accounts are subject to C.O.D. terms.
- Receipt of an NSF cheque will place the account on CASH ONLY terms; and an NSF charge will be applied to the account.
- UFD is to be notified immediately of any changes regarding the information on this form.

CREDIT INFORMATION**BANK REFERENCE** _____ **CREDIT DESIRED: \$** _____

Bank: _____

Address: _____ Phone: _____

City: _____ Province/State: _____ Postal/Zip: _____

TRADE REFERENCES

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Email: _____ Email: _____ Email: _____

ACKNOWLEDGMENT

I/We, the undersigned/applicant declare that all the information supplied on this customer information form is true and accurate, and that I/ We are authorized to request an account at United Floral Distributors. Furthermore, by filling out the credit information section on this form and by signing below, I/We agree and consent to authorize United Floral Distributors to obtain from any credit reporting agency or any other source, such information as United Floral Distributors may deem appropriate, at any time in connection with the credit hereby applied for. I/ We acknowledge and accept the terms of sale as laid out on this form. I/We also acknowledge that I/We are jointly and severally liable for all purchases and/or services requested from United Floral Distributors under my own name, trade name or corporate name.

Signature _____ Position _____ Date _____

Signature _____ Position _____ Date _____