



**CUSTOMER REGISTRATION FORM
APPLICATION FOR CREDIT**

The undersigned Company has completed Signed and verified that the information contained herein is true and correct, for the purpose of procuring credit from **Flore cot s. a.**

COMPANY NAME: _____

MAILING ADDRESS: _____

SHIPPING ADDRESS: _____

PHONE NUMBER: _____ FAX NUMBER: _____

ACCOUNTS PAYABLE CONTACT: _____ PHONE: _____

BUSINESS IS: _____ CORPORATION _____ PARTNERSHIP _____ LLC _____

IF INCORPORATED, UNDER THE STATE LAWS OF: _____ SINCE: _____

LIST ALL PARTNERS, OWNERS, OFFICERS AND PRINCIPALS &(INDICATE POSITION HELD

OWNERS / PARTNERS

NAME: _____ NAME _____

SOC SEC #: _____ SOC SEC #: _____

NAME: _____ NAME _____

SOC SEC #: _____ SOC SEC #: _____

NAME: _____ NAME _____

SOC SEC #: _____ SOC SEC #: _____



TRADE REFERENCES / CUT FLOWER SUPPLIERS (minimum 5)

COMPANY NAME CONTACT PERSON PHONE /FAX NUMBER

CARGO AGENCY

FLIGHT DAYS

PAYMENT TERMS

BANK REFERENCE

NAME STREET CITY, STATE, ZIP

OFFICER PHONE ACCOUNT NUMBER(S)

Signature of Owner or Corporate Officer Print Name Title Date