



Washington Floral Service, Inc.

(253) 472-8343

2701 South 35th Street

(253) 472-9758 Fax

Tacoma, WA 98409

Customer Application

Please complete this form completely, and sign. Incomplete applications will not be processed.

Please select from the following (Office Use Only):

Resellers Permit Number: _____ Exp: _____ **Business License** Number: _____ Exp: _____

Full Business Name:		Type of Business:		Date Started:	
Business Address:			City:	State:	Zip:
Business Phone:	Fax #:	Cell Phone:	E-mail address:		
Billing Address:			City:	State:	Zip:

Sole Proprietorship

Partnership

Corporation

Owners/Officers:		Title:			
Owners/Officer Address:			City:	State:	Zip:
Business Phone:	Fax #:	Owners Phone:	Cell Phone:		

Authorized Buyers:

Please sign below if you are applying for a Buyer's Pass and are not requesting that Washington Floral Service extend credit to you. Also, your name will be added to our mailing list for notification of future promotions. As some promotions require tracking of your purchases, you may be given a "C.O.D. account number." Should this account ever have a balance due, you agree to pay the unpaid balance within the credit terms outlined on the credit application portion of this form. The undersigned is authorized to sign for the business listed above. Applicant shall pay all collection fees, reasonable attorney fees and other expenses incurred to enforce this agreement, whether incurred with or without litigation, on appeal, in bankruptcy or other insolvency proceedings.

If the application is a corporation, the undersigned agrees to be personally responsible for payment on this account.

Signature

Date

Printed Name

Title