

Skyline Flower Growers of Spokane Inc.

724 N Madelia st
Spokane Wa, 99202
Phone: 509-321-1852 Fax: 509-535-3187

CUSTOMER INFORMATION

COMPANY INFORMATION

Company Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone # : _____ Fax # : _____
E-mail Address _____

(Check one)

Ownership Type : Proprietorship Partnership Corporation Joint Venture
Washington State Resale Permit #: _____ **Years Established:** _____
Under Present Ownership Since: _____
Business Property Owned: Yes No If No, Leased From: _____

How would you like to be notified of specials and promotions? Fax Email

COMPANY OWNERS & OFFICERS

Name: _____ Title: _____ Phone #: () _____
Home Address / City / State / Zip Code: _____

Name: _____ Title: _____ Phone #: () _____
Home Address / City / State / Zip Code: _____

How would you like to pay for your purchases? Cash Check Credit Card

TERMS, AGREEMENT

We accept cash, checks and credit cards. **Our pay terms are NET 7 .**

If you would like to pay weekly, we need the credit application filled out and either a voided check or credit card authorization on file so that we may charge your account when:

A) You have reached your credit limit. Or B) Every Monday for the prior weeks purchases, whichever applies.

BANK REFERENCE

Bank Name & Branch: _____
Address / City / State / Zip Code: _____

(List vendors from whom purchases are made on direct credit basis)

Name: _____ Address: _____
Phone #: () _____ Fax #: () _____ Acct #: _____
Contact Person: _____

Name: _____ Address: _____
Phone #: () _____ Fax #: () _____ Acct #: _____
Contact Person: _____

GOVERNING LAW

This agreement shall be governed by the state of Washington. The parties agree that jurisdiction and venue for all disputes arising from the subject matter of this contract shall be in King County. I/we understand that we must notify Skyline Flower Growers of Seattle within 24 hours of receipt of flowers, with any problems that may be encountered or claims will not be considered.

Applicant authorizes banks and creditors to release information to Skyline Flower Growers of Seattle.

CLAIM POLICY

Skyline Flower Growers of Seattle guarantees your complete satisfaction on all fresh flowers you purchase. If you are unhappy with any flowers you receive you may return them within 24 hours for a full refund or replacement, whichever you choose. Do not destroy or discard any unwanted flowers as we must receive them back in order to give you a refund or replacement. All floral supply sales are final and no return will be accepted unless they are damaged and returned within 24 hours of receipt.

PERSONAL GUARANTEE

I / We certify that above information is true and correct and I / we personally guarantee payments.

Signature: _____ Date: _____
Print Name: _____ Title: _____

Signature: _____ Date: _____
Print Name: _____ Title: _____

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Customer Account _____

CREDIT CARD AUTHORIZATION FORM

I (print name) _____ authorize
Skyline Flower Growers of Seattle to charge my credit card
without my signature for floral purchases.

_____ MasterCard

_____ Visa

Credit Card number _____

Expiration Date _____ 3 Digit number on back _____

Mailing address & zip code _____

Authorized signature _____ Date _____

* photo copy of credit card and drivers license must accompany this form.

