

Orange County Wholesale Flowers

OCWholesaleFlowers.com

Registration Form

Please Print Clearly

FIRM NAME

I HEREBY CERTIFY,
That I hold valid seller's permit No.
Issued pursuant to the Sales and Use Tax Law: that I am engaged in the business of selling

Type of Business: _____
That the tangible personal property described herein which I shall purchase from:

ORANGE COUNTY WHOLESAL FLOWERS

Will be resold by in the form of tangible personal property; PROVIDED, however that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax measured by the purchase price of such property.

Description of property to be purchased: Fresh Flowers & Plants

Use of Purchase, Check One: Resale Display

Date: _____ 20____ Signature _____

Email _____ Print Name _____ Title _____

Address _____

City: _____ State _____ Zip _____ Phone _____

<p>Business Categories: Please Check One</p> <p><input type="checkbox"/> 1. Florist Shop (Store Front)</p> <p><input type="checkbox"/> 2. Floral Designer</p> <p><input type="checkbox"/> 3. Interior Designer</p> <p><input type="checkbox"/> 4. Interior Design Studio</p> <p><input type="checkbox"/> 5. Display</p> <p><input type="checkbox"/> 6. Gift Store</p> <p><input type="checkbox"/> 7. Manufacturer / Assembler</p> <p><input type="checkbox"/> 8. Restaurant</p> <p><input type="checkbox"/> 9. Caterers / Event Planners</p> <p><input type="checkbox"/> 10. Other: _____</p>	<p>Additional Buyers :</p> <p>1. _____</p> <p>Phone #. _____</p> <p>2. _____</p> <p>Phone #. _____</p> <p>3. _____</p> <p>Phone #. _____</p> <p style="text-align: center;">All Other Buyers Must Have Card to Purchase</p>
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Please register your business in order to purchase from Orange County Wholesale Flowers.

Complete this form, and fax it back, along with a copy of your Business License or State Board of Equalization Resale Permit at (714) 542-5947 or E-mail: info@ocwholesaleflowers.com

** PERSONAL GUARANTEE

** Personal Guarantee must be signed: not typewritten or printed

I, _____, personally will guarantee any charges made as a result of the credit application on the reverse side should payment not be made in accordance with terms and conditions of sale.

Home address: Street: _____

City: _____

Telephone No.: _____ S.S. # _____

CA Driver's License # _____

Renting or Buying Where Financed? _____

St. Address _____ City _____

Spouse's Name _____

Personal Credit References: (Give only names of those from whom you buy on open account)

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Your personal bank _____ Account # _____ SAVINGS

BRANCH _____ CITY _____

Your personal bank _____ Account # _____ CHECKING

BRANCH _____ CITY _____

**SIGNED _____ Title _____