wholesale BLOOMS

PREMIUM FLOWER GROWERS AND WHOLESALERS

30-40 Wallgrove Rd Horsley Park NSW 2175
Ph: (02) 9620 2400 fax: (02) 9620 2057

ACCOUNT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ **BUSINESS FAX:** _____

BUSINESS ABN/CAN: _____ **CONTACT:** _____

EMAIL: _____

OWNER'S NAME/S: _____

OWNER'S ADDESS: _____

OWNER'S PHONE: _____ **MOBILE:** _____

PAYMENT METHOD: (please circle) **CHQ** **CREDIT CARD** **EFTPOS**

TRADE REFERNCES

1. **BUSINESS NAME:** _____

   CONTACT PERSON: _____ **PHONE:** _____

2. **BUSINESS NAME:** _____

   CONTACT PERSON _____ **PHONE:** _____

3. **BUSINESS NAME:** _____

   CONTACT PERSON _____ **PHONE:** _____

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TERMS & CONDITIONS

I hereby agree to the terms and conditions stated below

- **All accounts must be paid within 7 days of the invoice/statement date.**
- **Any product concerns must be rung through on the day of arrival.**

Name of Authorised person:_____

Signature:_____**Date:**_____