

General Company Information

Please return to Everflora Chicago

Company Name: _____
Mailing Address: _____

Country: _____

Street Address: _____
 (If Different Than Mailing) _____

Business Telephones:
 1) _____
 2) _____
 3) _____
 4) _____

Business Fax:
 1) _____
 2) _____
 3) _____
 4) _____

E-Mail Address:
 1) _____ 2) _____

Sales Contact Information

Please provide accurate information so that we may contact our sales person after hours in an emergency.

Sales Contact Name: _____
Sales Contact Home Phone: _____
Sales Contact Cellular Phone: _____
Sales Contact Home Fax: _____

Other Contact Name: _____
Other Contact Home Phone: _____
Other Contact Cellular Phone: _____
Other Contact Home Fax: _____

Payment Preference (please select one)

We make all payments on the 15th of the month for all purchases from the previous

- USD Company Check**
- USD Wire Transfer**
- Other Currency Bank Draft**
- Other Currency Wire Transfer**

Fees

- None
- USD 35.00
- None
- USD 35.00

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Please Provide Mailing Address
 Please Provide Bank Instructions
 Please Provide Mailing Address
 Please Provide Bank Instructions

Please provide bank name, branch routing number and the account name and number to be credited.

Bank: _____
Branch: _____
Routing/ABA: _____
Acct. Name: _____
Acct. Number: _____

Please provide accounting contact name, phone, fax numbers and mailing address for payments.

Name: _____
Phone: _____
Address: _____