

BOOMAN
FLORAL



New Customer Registration

In order for us to establish you as a customer we only need three things:

- 1) This application, completed and signed
- 2) Authorization to release credit information
- 3) State sales tax exemption certificate if applicable.

Return Forms to:
 Booman Floral
 2302 Bautista Avenue, Vista, CA 92084-1641
 or fax (760) 630 4173

Business

Name _____

Street _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

Fax No. (_____) _____

Bank _____

Account Number _____

Street _____

City _____ State _____ Zip _____

Telephone Number(_____) _____

Fax Number(_____) _____

Primary Suppliers (Open Accounts)

1. Name _____

Street _____

City _____ State _____ Zip _____

Telephone No (_____) _____

Fax No.(_____) _____

2. Name _____

Street _____

City _____ State _____ Zip _____

Telephone No.(_____) _____

Fax No.(_____) _____

3. Name _____

Street _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

Fax No. (_____) _____

Owner or Principal

Name _____ Title _____

Street _____

City _____ State _____ Zip _____

Telephone No. (_____) _____

Terms & Conditions

All charges are due and payable according to the terms of each invoice. Past due amounts are subject to 1.5% per month (18%APR) service charge plus legal, attorney, and court fees incurred by Booman Floral to collect the amount owed. It is agreed that jurisdiction for settling claims or collections will be the Courts of San Diego County, California. Under no circumstances will Booman Floral be liable for any amount greater than the original purchase price. Claims must be received within two days of receiving plants. Claims for shipping damage and shortages must be filed by the customer with the carrier. All claims and returned goods must be accompanied by this invoice. Prior authorization is required for all plant material returned for credit. Booman Floral reserves the right to refuse material returned for credit.

The undersigned authorizes inquiry about credit information, and certifies that the information provided here is true.

This is to certify that I am a principal in this business and I do personally guarantee this account.

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

Upon request by Booman Floral, I hereby authorize you to supply information to them regarding any transactions with you, including information regarding credit extended, and activity, without liability on your part.

Sincerely

X _____
Authorized Signature Date

Business Name

Address

City, State, Zip

BOOMAN FLORAL
2302 Bautista Avenue Vista, California 92084
Phone (760) 630-4170 Fax (760) 630-4173