



**Washington Floral Service, Inc.**

2701 South 35<sup>th</sup> Street (253) 472-8343  
Tacoma, WA 98409 Fax (253) 682-3357

# Customer Application

Please complete this form completely, and sign. Incomplete applications will not be processed.

Please select from the following (Office Use Only):

|  |  |
|--|--|
| <input type="checkbox"/> <b>Resellers Permit</b> (required for tax-deferred purchases)<br>Number: _____ Exp: _____ | <input type="checkbox"/> <b>Business License</b><br>Number: _____ Exp: _____ |
|--|--|

|                     |        |                   |                 |               |  |
|---------------------|--------|-------------------|-----------------|---------------|--|
| Full Business Name: |        | Type of Business: |                 | Date Started: |  |
| Business Address:   |        |                   | City:           | State:        | Zip:   |
| Business Phone:     | Fax #: | Cell Phone:       | E-mail address: |               | Add to E-mail list: <input type="checkbox"/> |
| Billing Address:    |        |                   | City:           | State:        | Zip:   |

**Sole Proprietorship**

**Partnership**

**Corporation**

|                         |        |               |             |        |      |
|-------------------------|--------|---------------|-------------|--------|------|
| Owners/Officers:        |        | Title:        |             |        |      |
| Owners/Officer Address: |        |               | City:       | State: | Zip: |
| Business Phone:         | Fax #: | Owners Phone: | Cell Phone: |        |      |

Authorized Buyers:

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

By signing below you are requesting a Washington Floral Service buyer's account. The undersigned warrants that he/she is authorized to sign on the company's behalf. Your name will be added to our mailing list for notification of future promotions. Should your buyers account ever show a balance due, you agree to pay this balance immediately on request. All past-due accounts shall accrue interest at 18% per annum, or at the rate shown on Washington Floral's most recent invoice or billing statement. Applicant shall pay all collection agency fees, attorney fees and other costs or expenses incurred by Washington Floral to enforce this agreement, whether incurred with or without litigation, on appeal, or in bankruptcy or other insolvency proceedings. Applicant submits to the jurisdiction of the courts of the State of Washington in any action for the enforcement or interpretation of this agreement, which shall be governed by Washington law. The venue of any such action may be laid in Pierce County, Washington. The undersigned agrees to be personally responsible for payment on this account.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_