



REEVES FLORAL PRODUCTS, INC. CUSTOMER ACCOUNT APPLICATION

PLEASE INDICATE PREFERRED SHOPPING LOCATION:

- WOODSTOCK: TELEPHONE 770-924-5230 FAX No: 770-924-5243
- GAINESVILLE: TELEPHONE 770-534-0091 FAX No: 770-534-3157

Business Name: _____

Owner's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (_____) _____ Cell Phone: (_____) _____

Home Phone: (_____) _____ Fax: (_____) _____

Driver's License No*: _____ E-mail: _____

(*Must provide for check processing. A \$25.00 service fee will apply to returned checks.)

If you have a different "bill to" address than your physical address listed above, please complete the following:

Address: _____

City: _____ State: _____ Zip: _____

Do you collect sales taxes for the state/city/etc: Yes _____ No _____

Corporation: _____ Partnership _____ Proprietorship _____ Date Business Started _____

Type of Business: Retail _____ Other _____

What does your company do? _____

Note: We require a signed Sales and Use Tax Certificate on file before an account can be opened with a tax exempt status. Certain items such as scissors, staple gun, staples, tape, order forms, pick machine and other merchandise purchased for your in-house use are subject to sales tax.

Sales & Use Tax Certificate # _____ State: _____

Resale*: Yes _____ No _____ (*If "no", will you be using this merchandise for display only? Yes ___ No ___)

If others are authorized to purchase on your account, please list their names. *Note - we reserve the right to limit the number of purchasers on any one account.*

Owner's Signature: _____ Date: _____

Print Owner's Name: _____