

# ZEIDLER WHOLESALE FLORAL CO.

## New Customer Registration Form



Date: \_\_\_\_\_

**Business Information:**

Business Name: \_\_\_\_\_ Date Established: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website Url: \_\_\_\_\_

Is this product you are purchasing to be resold?  Yes  No Sales Tax Exempt #: \_\_\_\_\_ (attach certificate)

**Please check all that apply to you and your business:**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Retail Florist        | <input type="checkbox"/> Grocery Store    | <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Special Event Coord. |
| <input type="checkbox"/> Business Organization | <input type="checkbox"/> Government       | <input type="checkbox"/> Nursery/Garden Center   | <input type="checkbox"/> Wedding Planner      |
| <input type="checkbox"/> Caterer               | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Photographer            | <input type="checkbox"/> Wholesaler           |
| <input type="checkbox"/> Church                | <input type="checkbox"/> Hotel/Convention | <input type="checkbox"/> Restaurant              | <input type="checkbox"/> _____                |
| <input type="checkbox"/> Gift Store            | <input type="checkbox"/> Interior Design  | <input type="checkbox"/> School/ University      |   |

Type of Purchases:  Fresh Flowers  Green Plants  Blooming Plants  Dishgardens  Floral Supplies  Silk Flowers

Wire Services:  FTD  Teleflora  800 Flowers/Bloomnet  Other: \_\_\_\_\_

Preferred Method of Payment:  COD  Check/Cash  Credit Card  Credit Terms (see separate credit application)

Planned Purchasing Frequency:  Daily  Weekly  Monthly  Seasonally  Holiday  Weddings/Events

**Owner's Information:**  Attach Copy of Drivers License

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**Authorized Contacts:**

Manager Name: \_\_\_\_\_

Buyer Name: \_\_\_\_\_ Buyer Name: \_\_\_\_\_

Accounts Payable/ Bookkeeper Name: \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS FORM IS NOT AN APPLICATION FOR CREDIT**

**Mail or Fax completed registration and required documents to:**

Zeidler Wholesale Floral Co., P.O. Box 6970, Evansville, IN 47719  
Phone: 812.425.4635 • Email: kbecker@zeidlers.com

***For Office Use Only***

Authorized By: \_\_\_\_\_ Customer Number: \_\_\_\_\_

Salesperson: \_\_\_\_\_ Delivery Route: \_\_\_\_\_ Days: (circle) M T W T F S

Customer Classification: \_\_\_\_\_ CR: \_\_\_\_\_ Tax Exempt: \_\_\_\_\_

Restrictions/ Notes: \_\_\_\_\_