



ZEIDLER WHOLESALE FLORAL CO.
New Customer Account Application

Business Information

Business Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____ Email: _____

Type of Business: Florist Gift Shop Other: _____

Date Established: _____ Under Present Ownership Since: _____

Federal Tax ID#: _____ State Sales Tax ID/Exempt # _____ (ST-105 Must be Attached)

Owner's Information: *A copy of your driver's license must be included.*

Owner Name(s): _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Cell Phone # _____ Home # _____ Email: _____

Authorized Contacts:

Manager Name: _____ Email: _____

Fresh Flower Buyer Name: _____ Email: _____

Other Authorized Buyer Name: _____ Email: _____

Accounts Payable Name: _____ Email: _____

Signature: _____ Title: _____ Date: _____

THIS FORM IS NOT AN APPLICATION FOR CREDIT

Mail, Fax, or Email the completed application and required documents to:

Zeidler Wholesale Floral Co., PO Box 6970, Evansville IN 47719 • email: kbecker@zeidlers.com

812.425.4635 • 800.648.3986 • Fax 812-425.9133

For Office Use Only

Mgr Approval: _____ **Customer#** _____ **Salesperson:** _____

Restrictions: _____ **Terms:** _____ **Route:** _____ **Del Charge:** _____

Notes: