



# TAIDA ORCHIDS INC.

459 Foothill Rd. Bridgewater, NJ, 08807

Tel: (908)-595-0055 Fax: (908)-595-0016

E-mail: TaidaOrchidsUSA@gmail.com

## WHOLESALE ACCOUNT APPLICATION FORM

### NAME AND ADDRESS INFORMATION OF COMPANY

Legal Name of Business: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_ **\*\*Federal Tax ID:** \_\_\_\_\_

Date of Establishment: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### OWNERS, PARTNERS, OFFICERS AND/OR OFFICERS INFORMATION

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

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

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone (Cell) Number: \_\_\_\_\_ Telephone (Cell) Number: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### PERSONS AUTHORIZED TO PURCHASE MATERIAL (First Name, Last Name, Title)

1. \_\_\_\_\_ 2. \_\_\_\_\_

### Terms and Conditions

#### For and in consideration of the sale of goods the undersigned Authorized Party agree as follows:

- Applicant agrees that the terms and conditions of this agreement and all transactions hereunder shall be governed by the laws of the State of NEW JERSEY.
- Applicant agrees to pay Taida Orchids Inc. at its office in Bridgewater, NJ or such other location as it designates for all purchases according to the terms stated on each invoice.
- All past due amounts are subject to a 3% per month. Late Charge unless limited by state usury laws. Two NSF checks in a year will result in account place on cash/certified check/credit card only basis.
- A \$25.00 charge will be assessed on NSF checks.
- Collection costs and expenses will be the buyer's responsibility. Said costs and expenses shall include all reasonable attorney fees.
- The information given here will be relied upon as correct and will be kept in strict confidence by our company.
- If any change of ownership or any other major change occur in the way I conduct my business, I agree to notify Taida Orchids Inc.

I certify all statement and all information contained herein are turn and correct.

Signature Name: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_