



TAIDA ORCHIDS INC. / TAIDA ORCHIDS NY INC.

NJ Office: 459 Foothill Rd. Bridgewater, NJ 08807

Tel: (908) 595-0055 | Email: TaidaOrchidsUSA@gmail.com

NY Office: 156 Dubois Street, Pine Bush, NY 12566

Tel: (845) 744-3988 | Email: TaidaOrchidsNYinc@gmail.com

WHOLESALE ACCOUNT APPLICATION FORM

(Please complete all applicable sections. This form grants authorization to either or both locations.)

Please check: ☐ Taida Orchids Inc. (NJ) ☐ Taida Orchids NY Inc. (NY) ☐ Both Locations

NAME AND ADDRESS INFORMATION OF COMPANY

Legal Name of Business: _____

Billing Address: _____

Shipping Address: _____

City/State/Zip: _____

City/State/Zip: _____

Telephone 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: _____

Tel/Cell Number: _____

Tel/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 this agreement is governed by the laws of either New Jersey or New York, depending on the location of sale.
- Applicant agrees to remit payments to the correct office location as stated on the invoice (NJ or NY) for all purchases according to the terms stated on each invoice.
- All overdue amounts are subject to 1.5% per month starting 15 days after due day.
- Two NSF checks within a year will result in account being placed on cash/certified check/credit card only basis.
- A \$25.00 fee applies to each returned check.
- Buyer is responsible for collection costs and expenses, including attorney fees.
- Any changes in ownership or business info must be promptly reported.
- All information submitted will be relied upon as correct and treated as confidential.

By signing below, I have read and agree to the above statement and certify all information contained herein is correct.

Signature (type, draw, or e-sign): _____

Date: _____

Print Name: _____