



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:

1. Applicant agrees this agreement is governed by the laws of either New Jersey or New York, depending on the location of sale.
2. 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.
3. All overdue amounts are subject to 1.5% per month starting 15 days after due day.
4. Two NSF checks within a year will result in account being placed on cash/certified check/credit card only basis.
5. A \$25.00 fee applies to each returned check.
6. Buyer is responsible for collection costs and expenses, including attorney fees.
7. Any changes in ownership or business info must be promptly reported.
8. 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 Name: _____

Date: _____

Print Name: _____