



WHOLESALE CUSTOMER ACCOUNT

Business Name: _____

DBA: _____

Sales Tax Number: _____

Company Address: _____

City: _____ Zip Code: _____

Company Phone: _____ Fax: _____

Company Email: _____

Please review our terms and conditions of sale:

Payment terms on all accounts are COD unless otherwise agreed in writing, signed by both parties. A 1.5% per month late charge fee (18% annual) will be applied to past due accounts automatically.

A 3% processing fee applies to any payments made using a credit card. Debit cards, checks, and cash incur no additional processing fees.

A 50% deposit is required for all orders at the time the order is placed. The remaining 50% is due on or before the time of delivery or pick-up.

Any accounts with a balance beyond 30-days aging may be subject to collections activity and collections fees.

A \$25 fee will be charged for each returned check.

Any product concerns must be reported to EKI Flowers no later than 24 hours after the receipt of merchandise, and the product must be returned. No credits will be made after this period.

I, _____, agree to the above terms & conditions of sale.
(Print name)

(Signature)

Date: _____

Please fax this completed form to 470-545-0753