

NEW ACCOUNT APPLICATION

All areas must be completed in full. Please allow up to 5 business days to process application.



NEW ACCOUNT POLICY

- \$200 minimum purchase required to open account.
- Annual purchase of \$1000 is required to maintain account.
- For credit terms to be established, a separate credit application must be completed.
- Approved Hofland customers will be added to our subscription list. We do not sell or disclose your information to third parties.

LEGAL COMPANY NAME _____

STORE NAME _____

NAME OF OWNER _____

MAILING ADDRESS _____

CITY _____ PROV _____ POSTAL CODE _____

SHIPPING ADDRESS _____ Same as mailing

STREET _____

CITY _____ PROV _____ POSTAL CODE _____

WEBSITE ADDRESS _____

BUSINESS PHONE # _____

SECONDARY PHONE # _____

FAX # _____

EMAIL _____

NAMES OF EMPLOYEES ALLOWED TO PURCHASE ON ACCOUNT

1 _____

2 _____

3 _____

CURRENT SUPPLIERS

Provide 3 suppliers with which you have a current account

1 _____

2 _____

3 _____

ANTICIPATED YEARLY PURCHASES (\$)

CURRENT PROOF OF BUSINESS*

*One document must be submitted for application to be processed

HST/GST/PST/TVQ#s

(Attach copy of Documentation)

BUSINESS LICENCE

(Attach copy of Master Business License)

NATURE OF BUSINESS

<input type="checkbox"/>	Retail Florist	<input type="checkbox"/>	Gift Shop*
<input type="checkbox"/>	Garden Center/Landscape	<input type="checkbox"/>	Kitchen Store
<input type="checkbox"/>	Grower	<input type="checkbox"/>	Department Store
<input type="checkbox"/>	Interior Design/Display	<input type="checkbox"/>	Special Events Company
<input type="checkbox"/>	Craft Store	<input type="checkbox"/>	Wedding Designer
<input type="checkbox"/>	Grocery Store	<input type="checkbox"/>	Variety Store
<input type="checkbox"/>	*Gift Shop (specify major product lines)		
<input type="checkbox"/>	Other (specify)		

INDICATE PREFERRED METHOD OF PAYMENT

CASH (COD) CREDIT CARD CREDIT TERMS*

Interact Email Transfer *Attach credit application

TYPE OF BUSINESS

PROPRIETORSHIP PARTNERSHIP

CORPORATION

ACCOUNTS PAYABLE CONTACT INFO

AP CONTACT NAME _____

AP PHONE # _____

AP EMAIL _____

Date: _____

Print Name of Authorized Person _____

Authorized Signature _____

WILL PRODUCTS PURCHASED BE RESOLD?

YES NO

DO YOU MAINTAIN A STOREFRONT LOCATION?

YES NO

HOW DID YOU HEAR ABOUT US?

Referral	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
Website/Online	<input type="checkbox"/>	Instagram	<input type="checkbox"/>
Tradeshaw (specify)			<input type="checkbox"/>
Other (specify)			<input type="checkbox"/>

I certify that the above information is correct.

In the event of an external audit, at the request of the government office, this information will be forwarded for their review.