

# NEW ACCOUNT APPLICATION

All areas must be completed in full. Please allow 5-10 business days to process the application.

Email your application to [info@hofland.com](mailto:info@hofland.com)

## NEW ACCOUNT POLICY

1. \$200 minimum purchase required to open account.
2. Annual purchase of \$1000 is required to maintain account.
3. For credit terms to be established, a separate credit application must be completed.
4. Approved Hofland customers will be added to our subscription list. We do not sell or disclose your information to third parties.



LEGAL COMPANY NAME \_\_\_\_\_

OPERATING NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_ same as mailing

STREET \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_ POSTALCODE \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_

SECONDARY PHONE # \_\_\_\_\_

EMAIL \_\_\_\_\_

Date: \_\_\_\_\_

Print Name of Authorized Person \_\_\_\_\_

Authorized Signature \_\_\_\_\_

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.

## ACCOUNTS PAYABLE CONTACT INFORMATION

AP CONTACT NAME: \_\_\_\_\_

AP PHONENUMBER: \_\_\_\_\_

AP EMAIL ADDRESS: \_\_\_\_\_

## NATURE OF BUSINESS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Retail Florist   | <input type="checkbox"/> Craft Store    | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Garden Center    | <input type="checkbox"/> Grocery Store  | <input type="checkbox"/> Online Retail   |
| <input type="checkbox"/> Landscaper       | <input type="checkbox"/> Gift Store     | <input type="checkbox"/> Home Staging    |
| <input type="checkbox"/> Grower           | <input type="checkbox"/> Special Events |  |
| <input type="checkbox"/> Wedding Designer | <input type="checkbox"/> Company        |  |

Other (specify) \_\_\_\_\_

NAMES OF EMPLOYEES ALLOWED TO PURCHASE ON 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)

TYPE OF BUSINESS	
PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>
CORPORATION <input type="checkbox"/>	

WILL PRODUCTS PURCHASED BE RESOLD?
YES <input type="checkbox"/> NO <input type="checkbox"/>

DO YOU MAINTAIN A STOREFRONT LOCATION?
YES <input type="checkbox"/> NO <input type="checkbox"/>

HOW DID YOU HEAR ABOUT US?	
Referral <input type="checkbox"/>	Facebook <input type="checkbox"/>
Website/Online <input type="checkbox"/>	Instagram <input type="checkbox"/>
Tradeshow (specify) <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>	

FOR INTERNAL USE ONLY
DATE RECEIVED: _____
APPROVED / DECLINED BY: _____
SALES REPRESENTATIVE: _____
ACCOUNT NUMBER: _____