Simple steps to Opening an account

- Complete the following forms:
 - Customer Registration
 - Credit Card Authorization
- Add copies of your:
 - Business License
 - PST Registration Number (please attach proof of PST#)
 - Driver's License (front ONLY)
 - Credit Card given in the Credit Card Authorization Form (front and back)

and submit your registration package to:

Michelle Santos
United Floral Inc. / UFG Co-operative Association
4085 Marine Way, Burnaby BC V5J 5E2
(Fax) 604-430-6659
michelle.santos@unitedfloral.ca

- Upon receipt of documentation, we require 3-5 business days for processing and initialization of the account. You will receive an email once completed.
- All buyers intending to purchase on the auction with our Remote Auction software are required to attend a training session. For more information and registration please call Michelle Santos at 604-438-3535 Ext 107, toll free at 1-800-665-3535.





Customer Registration

Company Information

Name of Business					
Registered Legal Name of Business					
Street					
oned.					
City					
Province/State		Postal Code			
Phone		Fax			
Thone		7 43			
GST#		PST # (Please attach proof of PST #)			
Email		Website			
How long in business					
now long in business					
O Sole Proprietorship O	Partnership C	Corporation			
		O Corporation			
The Company is a:	The Company is a: O Division O Subsidiary of				
Description of business					
Purpose for purchasing floral prod	duct				
How did you find us?		Would you like shipping information?			
With Canada's anti-anom logiclation we require your canaant to keep in touch with you. For industry					
With Canada's anti-spam legislation we require your consent to keep in touch with you. For industry up-dates, promotions, sustainability news, reports and other information of interest, kindly provide your consent below.					
O Yes, I do consent O No, I do not consent					

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www.unitedfloral.ca accounts@ufgca.com





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Principal Officers, Partners or Proprietors					
Name	Title		Phone		
Name	Title		Phone		
Name	Title		Phone		
Contact Information					
Name			Phone		
Name	Phone		Phone		
I/We certify the above information to be correct.					
Signature of Owner / Officer		Position / Title			

Date



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www.unitedfloral.ca accounts@ufgca.com

@unitedfloralwholesale



Customer Registration

Please print name



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Credit Card Authorization

This authority given to United Floral Inc. and/or UFG Co-operative Association is to be used for the purpose of paying the accounts of

Registered Legal Name of Business						
Street						
City	Province/State	Postal Code				
Phone	Cell					
Email	Fax	x				
Account number						
with United Floral Inc. and/or UFG Co-operative Association on such credit card or cards as I may direct from time to time and, without limiting the generality of the foregoing, United Floral Inc. and/or UFG Co-operative Association is expressly authorized and directed to pay any accounts owing to United Floral Inc. and/or UFG Co-operative Association from time to time by charging such accounts on my:						
Card number	Expiry Date	CVV				
Name as it appears on the credit card	Bank	l				
I authorize this card to be kept on file						
Signature of Cardholder	Date					

Copy of Driver's License (front) and a copy of the Credit Card (front and back) to be affixed. We require a form for each credit card to be used for payment on your accounts.



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