

Simple steps to Opening an account

1

Complete the following forms:

- Customer Registration
- Credit Card Authorization

2

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)* –

NOTE: WE DO NOT ACCEPT VISA DEBIT CARDS OR MASTERCARD DEBIT CARDS

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

3

Upon receipt of documentation, we require 3-5 business days for processing and initialization of the account. You will receive an email once completed.

4

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 | |
| City | |
| Province/State | Postal Code |
| Phone | Fax |
| GST # | PST # (Please attach proof of PST #) |
| Email | Website |
| How long in business | |

- Sole Proprietorship Partnership Corporation
The Company is a: Division Subsidiary of _____

Description of business

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| |
|--|

Purpose for purchasing floral product

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How did you find us?

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Would you like shipping information?

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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.

- Yes, I do consent No, I do not consent



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www.unitedfloral.ca accounts@ufgca.com



@unitedfloralwholesale



UFG Co-operative Association
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Principal Officers, Partners or Proprietors

| | | |
|-------------|--------------|--------------|
| <i>Name</i> | <i>Title</i> | <i>Phone</i> |
| Name | <i>Title</i> | <i>Phone</i> |
| <i>Name</i> | <i>Title</i> | <i>Phone</i> |

Contact Information

| | |
|-------------|--------------|
| <i>Name</i> | <i>Phone</i> |
| <i>Name</i> | <i>Phone</i> |

I/We certify the above information to be correct.

Signature of Owner / Officer

Position / Title

Please print name

Date



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