SUPPLIER | WHOLESALER | SERVICE APPLICATION FORM

The Canadian Greenhouse Growers' Directory and Buyers' Guide and theflowerdirectory.com

Please check off the following if they apply to y	ou:	
Yes I am a Wholesaler		
(By checking these off you will be included in the wholesale section	n and/or an export flag will be adde	ed to your listing)
STANDARD LISTING INFORMATION:		
Company Name:		
Company Address:		Same as Company Address
Company Mailing Address:		
Company Phone #: Comp	Company Fax #:	
Company Email Address:		_
Website:		
Contact / Title:		
Contact / Title:	Email address:	
Year Established	Greenhouse Size	
Socia Media Channels: Facebook		
Twitter		
Linkedin		

PRODUCT DESCRIPTION: (maximum 100 words)

PACKAGEOPTIONS: Basic - \$450. Bronze - \$1425. Silver - \$1875. Gold - \$2775. Platinum - \$3,275 Other - \$TBD. (your designed package) **Please refer to the Rates and Specifications for a description on these package options. **These prices DO NOT include tax			
BILLING INFORMATION: Billing contact : Email address: Contact phone #:			
PERFERRED PAYMENT: Cheque Credit Card Direct Transfer Deposit For cheque payment please make payment out to Flowers Canada Growers, and mail to 45 Speedvale Ave. E. Unit 7, Guelph ON N1H 1J2. For a credit card payment please call Lynda Twomey at 1-800-698-0113 ext. 4220 or submit a credit card authorization form to lynda@fco.ca. (form is attached). For direct transfer deposit please email donna@fco.ca to confirm your payment. TO: Flowers Canada Growers TRANSIT# 47696 BANK# 002 ACCOUNT #: 1198513 (**Credit Card or Direct Deposit are the prefered payment with receiving application form)			
TOTAL PACKAGE PRICE: AUTHORIZED SIGNATURE: Please forward your application form and any questions to Rachelle at directory@fco.ca; fax 519-836-7529; call 1-800-730-1020 ext. 4230			

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CREDIT CARD PREAUTORIZATION FORM Pay by Visa or Mastercard

Date:		
I hereby authorize Flowers Canada Growers to c or advertisement in the Canadian Greenhouse Gr		
Credit Card Type:	Expiration Date:	
Credit Card No.:		
Cardholders Name:		
Authorized Amount:	(including GST)	
Authorization Signature:		
Please supply us with a name, telephone number this payment and/or to forward the receipt to.	er and email address if ther	e are any problems with process
Contact Name:		
Contact Phone #:		
Contact E-mail:		