



FLOWERS CENTRAL, INC.

Office Use Only	
Cust #	_____
Sales Rep	_____
Terms:	_____



CUSTOMER ACCOUNT UPDATE of Payment Method

Please COMPLETE all information in detail and return to us as soon as possible.

FLORIDA CUSTOMERS <<Please include a copy of your current Sales Tax Certificate>>>>

BUSINESS INFO:

Company Name: _____ .d/b/a _____ County: _____
 Address: _____ Tax ID # _____ Bus.Type _____
Street (Not P.O Box) City State ZipCode

Business Phone: _____ Fax Phone: _____ Email Address: _____

CONTACTS:

Purchasing _____ Phone _____
 Accounting _____ Phone _____

PAYMENT TYPE: (ALL information listed below must be complete to establish an account)

*******Please check your preferred method of payment*******

CREDIT CARD VISA MC AMX DV

Credit Card # _____ Name on card: _____
 V Code: _____ Exp.Date: _____ Bank Name: _____

V Code is a 3 to 4 digit code located on the back of card near signature required to process credit card transactions

Drivers Lic# _____ **Signature:** _____
 (Second form of ID:) (Signature authorizing use of card)

PAPERLESS CHECK

Bank Name: _____ Address: _____
 Account # _____
 Routing # _____ Account Type: ? Checking ? Savings ?Money Market
 Phone # _____ Bank Contact: _____
 Drivers Lic# _____

 (Print) Name of Signer on Account

COD/CHECK

Bank Name: _____ Address: _____
 Account # _____
 Account Type: ? Checking ? Savings ?Money Market
 Phone # _____ Bank Contact: _____
 Drivers Lic# _____

 (Print) Name of Signer on Account