

teleflora. Application for Membership

FORM A

(PLEASE DO NOT WRITE IN THIS SPACE — FOR TELEFLORA USE ONLY)

New Application Branch Shop Application TF Code # _____
 Change of Ownership – Attach Part D Parent Shop Code # _____

PART A – Shop Information (Please use blue or black ink. Type or print legibly.)

Shop Name (DBA in full) _____ Legal Business Name (if different) _____
 Business Phone # () _____ Toll-Free Phone # () _____ Fax # () _____
 Contact Name _____ E-mail Address _____ Website Address _____
 Physical Shop Address _____
 City _____ County _____ State _____ Zip _____

PART B – Ownership Information (Must be filled out completely to process application.)

TYPE: Sole Proprietorship Joint Ownership or Partnership Corporation* LLC**
TAXPAYER ID: _____ (if applicable) **RESALE CERTIFICATE** (please attach copy)
DATES: Date of shop purchase _____ Date shop first opened _____

THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL.
 (You must also complete and sign the "Guarantee" section of the Contract for Membership.)

NAMES OF OFFICERS, PARTNERS, OWNERS OR MEMBERS: (If more than two persons, please attach a separate sheet.)

	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Full Legal Name	1. _____	2. _____				
Title	_____	_____				
Social Security #	_____ - _____ - _____	_____ - _____ - _____				
Home Phone #	() _____	() _____				
Present Home Address	_____	_____				
City, State, Zip	_____	_____				

***CORPORATION:** Please attach a copy of your Articles of Incorporation (Corp) indicating **all** shareholders or members. This information must accompany this application.

Corporation Legal Name _____
 President _____ Vice President _____
 Secretary _____ Treasurer _____

****LLC:** Please attach a copy of your LLC Articles of Incorporation (LLC) indicating **all** shareholders **or** members. This information must accompany this application.

LLC Legal Name _____

PERSONAL REFERENCES:

Name _____	Relationship _____	Phone # () _____
Street Address _____	City _____	State _____ Zip _____
Name _____	Relationship _____	Phone # () _____
Street Address _____	City _____	State _____ Zip _____

PART C – Financial Information

BUSINESS BANK REFERENCE:

Checking Account # _____ Savings Account # _____
 Bank Name _____ Name on Bank Account _____

(FOR INTERNAL USE ONLY)

MC# / Name _____ Campaign Code _____ Amount Received \$ _____