



REGISTRATION FORM



HALL'S WHOLESALE FLORIST, INC
P.O. BOX 897
THEODORE, AL 36590
(251) 653-8563 - FAX (251) 653-8566
WWW.HALLSWHOLESALEMOBILE.COM
Acct@HallsWholesaleMobile.com

DATE: _____

NAME OF BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

PROPRIETORSHIP: _____ **CORP:** _____ **PARTNERSHIP:** _____

HOW LONG IN BUSINESS: _____

BUSINESS LICENSE NUMBER: _____

SALES TAX NUMBER: _____

FEDERAL I.D. NUMBER: _____

(Must Include COPY of Business License & State Sales Tax Certificate)
(Copy of Valid Driver's License)

Will you be re-selling? YES / NO (Paying own sales tax each month?)

How did you hear about us? (Check one)

Referral

Website/Facebook

Phonebook

Sign/Vans

OWNER'S SIGNATURE: _____

PRINT NAME: _____

DRIVER'S LICENSE NUMBER: _____ **(INCLUDE COPY)**