

Application form for the service Access to code lists

Applying company

Company name: _____

Contact: _____ Position: _____

Address: _____

Postal code / City / Country: _____

Telephone number: _____ Telefax: _____

Mobile number: _____ E-mail address: _____

Administration number: _____ ☐ FloraHolland

Administration number: _____ ☐ Plantion

Digital invoice: Yes ☐ No ☐ E-mail address for the electronic invoice: _____

Floricode services

The applying company wishes to enter into an agreement with Floricode regarding the service 'Access to code lists' for the following ticked code package:

<input type="checkbox"/> Code package 1	<input type="checkbox"/> Code package 2
Product and feature type codes Company and location codes Other codes (including data elements) Logistic means codes Auction group codes Royal FloraHolland	Product and feature type codes Company and location codes Other codes (including data elements) Logistic means codes Auction group codes Royal FloraHolland ISO code lists E-Cert code lists (Client Export) GPC code lists (incl. colour codes) Custom codes

Adm./Deb. Number: _____ ☐ Royal FloraHolland ☐ PLANTION

☐ Access to the code package for Edibulb

Name software supplier: _____

Type of company: ☐ Supplier ☐ Trader ☐ Software supplier ☐ Other: _____

Signing	
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Signee declares: _____

- to be a legal representative of the applying company;
- to authorize Floricode for the term of the agreement to automatically debit the due amount for these services from the bank account number mentioned underneath;
- to have taken note of the General Terms and Conditions of Floricode, for these purposes consisting of General Stipulations and Specific Stipulations pertaining to 'Availability of code lists', as published on and downloadable from www.floricode.com and to accept that these apply to the (execution of the) agreement. At the request of the applicant, these General Terms will be sent to the applicant free of charge, by e-mail or other habitual method;
- Agrees that the (personal) data that are mentioned above are stored in the CRM system of Floricode to be able to deliver this service effectively.

Signed by: _____

[illegible][illegible]

IBAN-number: | | | | | | | | | | | | | | | | | | | | | |

Bank Identification (BIC):

Place / Date: _____

Signature: _____

**Send this form to Floricode, PO Box 115, 2370 AC ROELOFAREND SVEEN,
The Netherlands; fax: + 31 71- 305 15 77, or e-mail: info@floricode.com**