Application form for One time photo delivery



| Applying company Company name: Contact person: Address: Postal code / City / Country: Telephone number: Cell number: Digital invoice: Yes \(\bar{\text{No}} \) \(\bar{\text{No}} \) \(\bar{\text{E-mail address for the electronic invoice:}} \) | |
|---|----------------|
| Floricode service | |
| The applicant requires a one-time delivery of the current digital images. Adm. / debt.number: | |
| Delivery e-mail address: | |
| Type of the organization: Grower Trader Software supplier Other: *With the signing of this form you agree that we check your data with the Agricultural Wholesalers Board Flower and Plants and the auctions. If neither applicable, we request a certificate of the Chamber of Commerce. | |
| Signing | |
| Signee declares: - to be a legal representative of the applying company, - to authorize Floricode to automatically debit the due amount for this service, as listed at www.floricode.com , 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 'Photographic Services', 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: | |
| Chamber of Commerce Number: _ _ _ | VAT nr.: _ _ |
| IBAN number: | |
| Bank Identification (BIC): | |
| Place / Date: | |
| Signature: | |

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