

Application form for the service of Registration/Product Coding



Applying company

Company name: _____
 Contact: _____ Position: _____
 Address: _____
 Postal code / City / Country: _____
 Telephone number: _____ Telefax: _____
 Cell number: _____ E-mail address: _____
 Digital invoice: Yes No E-mail address for the electronic invoice: _____

Floricode services

The applying company wishes to enter into an agreement regarding use of the following registration services and for this purpose to receive an access account for the Floricode registration website.

	Contact	Function / Product group	E-mail address
1			
2			
3			
4			

Signing

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 'Registration/Product Coding', 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 number: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

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

Bank Identification (BIC): |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|

Place / Date: _____

Signature: _____

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