



Information Request Form

Date: _____

Company Name: _____

Company Phone Number: _____ Contact Name: _____

Delivery Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Fax #: _____

How long have you been a wholesale florist? _____ Do you own retail stores? _____

What countries do you import from? _____

Weekly average box shipments for imports? _____ For domestic product? _____

Do you buy from California? _____ If so Weekly average? _____

What Freight Forwarder do you use? _____

What trucking company are you currently using? _____

What rate are you paying for import clearing? _____

What rate are you paying for truck transportation? Florida: _____ California: _____

What are your payment terms? _____

Have you been a different wholesaler before? _____

If yes, under what name and location: _____

Have you ever been a retailer before? _____ If yes, under what name: _____

Do you need a Trailer Load quote: _____ If so please supply point of origin to destination.

Origin?: _____ Destination? _____

If you have any questions, please state on separate page.

Note: Completion of this form does not guarantee an open account with Armellini Industries.

A representative will contact you.

Completed By: _____

Name/Title

FAX TO: 772.221.3284