



# Halls

Atlanta Wholesale Florist Inc.  
"We Know Flowers"

Acct # \_\_\_\_\_

Date Activated: \_\_\_\_\_

*For office use only - For office use only*

## Account Application Form

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

<b>Business Phone Number</b> _____-_____-_____	<b>Web page address:</b> _____	<b>Cell Phone Number</b> _____-_____-_____
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**Georgia** State Sales & Use Tax Number:

*We Must Charge Sales Tax Unless We Have A **Copy** Of Your Certificate*

Primary Contact (required): \_\_\_\_\_

Secondary Contact (required): \_\_\_\_\_

We Require A Copy Of:  
**Your Valid Business License & Georgia Sales & Use Tax Certificate (if applicable)**

**We Can Not Accept Checks**  
**but we gratefully accept all credit cards except Discover.**

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