

(PLEASE DO NOT WRITE IN THIS SPACE — FOR TELEFLORA USE ONLY)

New Application  Branch Shop Application  Joint Ownership or Partnership  Corporation\* TF Code # \_\_\_\_\_  
 Parent Shop Code # \_\_\_\_\_  
 MC#/Name \_\_\_\_\_ Campaign Code \_\_\_\_\_ Amount Received \$ \_\_\_\_\_

**PART A – Shop Information** (Please use blue or black ink. Type or print legibly.)

Shop Name \_\_\_\_\_ Legal Business Name (if different) \_\_\_\_\_  
 Business Phone # ( ) \_\_\_\_\_ Toll-Free Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ E-mail Address \_\_\_\_\_ Website Address \_\_\_\_\_  
 Physical Shop Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ GST # \_\_\_\_\_

**PART B – Ownership Information** (Must be filled out completely to process application.)

**TYPE:**  Sole Proprietorship  Joint Ownership or Partnership  Corporation\*  
**DATES:** Date of shop purchase \_\_\_\_\_ Date shop first opened \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE COMPLETED IN FULL.**

(You must also complete and sign the Personal Guarantee and Contract for Membership Form.)

**NAMES OF OFFICERS, PARTNERS, OWNERS OR MEMBERS:** (If more than two persons, please attach a separate sheet.)

	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.
Full Legal Name	1. _____	2. _____				
Title	_____	_____				
Social Insurance #	_____ - _____	_____ - _____				
Home Phone #	( ) _____	( ) _____				
Present Home Address	_____	_____				
City, Province, Postal Code	_____	_____				

**\*CORPORATION:** Please attach a copy of your Certificate and Articles of Incorporation/Amalgamation/Continuance (or equivalent) as well as a list of all shareholders or members. This information must accompany this application.

Corporation Legal Name \_\_\_\_\_  
 President \_\_\_\_\_ Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

**PERSONAL REFERENCES:**

Name _____	Relationship _____	Phone # ( ) _____
Street Address _____	City _____	Province _____ Postal Code _____
Name _____	Relationship _____	Phone # ( ) _____
Street Address _____	City _____	Province _____ Postal Code _____

**PART C – Financial Information****BUSINESS BANK REFERENCE:**

Chequing Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Name on Bank Account \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_