



Realtime Flowers Brisbane

32 Sherwood Rd, Rocklea. Brisbane, Queensland Aust 4106

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Buyer Registration Form

To get your unique user ID number and PASSWORD to buy in the Realtime Marketplace, please return this signed and completed form to Realtime Flowers Brisbane by fax (07) 3217.1176

Trading Name		
ABN/CAN/BN		
Trading Address		
	State	Post Code
Business Ph No	Office	Fax
Email		
Type Of Organisation	Company/ Family Trust/Sole Proprietor/Partnership (please Circle)	
Full Name of Owner/Director/Guarantors		
Private Address		
	State	Post Code
Home & Mobile No	Phone	Mobile
Driving Licence No	No	Exp Date

Acknowledgement

I hereby apply to trade product through Realtime Flowers Brisbane. **I acknowledge I have read, fully understand and agree to be bound by the Realtime Flowers Brisbane terms and conditions.** I agree the information contained in this application and concerning my trading history may be used for reference and/or credit reporting.

Full name and address of Applicant/s.

Name _____ Capacity of applicant _____

(must be Owner, Director or Trustee)

Address _____

Signature _____ Date ___/___/_____

Name of Witness _____ Signature of Witness _____

Guarantee

I/we have read and understood the Realtime Flowers Brisbane's (RTFB) terms and conditions. We hereby personally, jointly and severally **guarantee the payment of all monies outstanding to RTFB** from time to time for the sale of goods to the applicant and also the due and full compliance by the applicant of RTFB terms and conditions including any trading terms. Further we personally, jointly and severally agree to indemnify RTFB and keep it indemnified in respect of any costs and /or expenses incurred with RTFB terms and conditions, trading and trading terms. We agree that the granting of any additional time to comply with RTFB terms or any other indulgence shall not affect our liability under this guarantee.

Full name and address of Guarantors (must be Owner, Director or Trustee)

Name _____ Capacity of applicant _____

(must be Owner, Director or Trustee)

Address _____

Signature _____ Date ___/___/_____

Name _____ Capacity of applicant _____

(must be Owner, Director or Trustee)

Address _____

Signature _____ Date ___/___/_____