



RED MOUNTAIN
1109 W 100 S Provo UT 84601
Phone: 801-356-8200 Fax: 801-356-7993

Company Name: _____

Type of Business: _____

Business License Number: _____

Contact: _____ Phone: _____

☐ I understand that my purchases will be subject to sales tax unless I provide a Sales Tax Resale or Exemption Number

Email Address: _____

☐ I would like to receive email updates regarding weekly specials

☐ I would like to receive an emailed copy of my invoices

☐ I would like to receive an emailed copy of my future orders

All credit claims must be made within 24 hours. Credited items must be returned and are subject to a 25-50% restocking fee. Orders and items cancelled 9 days or less from order pick up or delivery date may receive a 25% cancellation fee; any special-order garlands cancelled within the 9 day window will receive a 50% cancellation fee. Returned checks subject to a \$40 fee.

The undersigned individually represent to Red Mountain Wholesale Florist, LLC that the undersigned is either an owner, officer, partner, or agent of director of the company and the undersigned further agree that in the event legal action be instituted to effect collection of any unpaid balance pertaining to the account of the individual that the company and the undersigned, individually, jointly, and severally agree to pay Red Mountain Wholesale Florist, LLC all costs of collection, court costs, and reasonable attorney's fees, as may be awarded by the court. Individual agrees by the acceptance of the goods to pay a service charge of 2% per month which is an annual percentage rate of 24% on all overdue balances.

I acknowledge I have read and understand Red Mountain's policies.

Signature _____ Date _____

Printed Name _____