



P.O. Box 52, NL -2110 AB Aerdenhout
 Phone: +31 252-72100

We like to order the following flowerbulbs:

| quantity | name | price in € | per | total amount |
|----------|------|------------|----------|--------------|
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| TOTAL | | | € (euro) | |

please turn

| | |
|------------------|--|
| Invoice-address: | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Firm |
| Name: | |
| Address: | |
| Zip code: | |
| Residence: | |
| Phone: | |
| Mail: | |
| VAT-No. (evt.): | |

| | |
|-------------------|--|
| Delivery-address: | |
| Name: | |
| Address: | |
| Zip code: | |
| Residence: | |

Week of delivery:

I pay by credit card:

Card provider: Visa Mastercard

Card number

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Exp. date: / Name on the card:

CVC-code (the code at the back of your credit card
3 or 7 figures):

| | | | | | | |
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Signature:

Mandat for one off collections.

By signing this mandate form, you authorize Verberghe Flowerbulbs to send one off collection instruction to your bank to debit your account for delivered goods and your bank to debit your account on a one-off basis in accordance with the instruction from Verberghe Flowerbulbs. If you do not agree with the debit, you can arrange for its refund. Please contact your bank within eight weeks from the date on which your account was debited. Ask your bank for the conditions.

Account number (IBAN):

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Bank Identification [BIC]

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| | | | | | | | |
|--|--|--|--|--|--|--|--|

Name:

Name creditor: Verberghe Flowerbulbs, P.O. Box 52, NL-2110 AB Aerdenhout
Country creditor: The Netherlands Creditor Identifier ID: NL64ZZZ529897980001 Mandate reference on the invoice.

Signature:

I pay by bank transfer after receiving the invoice.

Date:

Signature: