

BEGINNING FROM THE ARRIVAL AT THE DESTINATION.

SIGNATURE OVER PRINTED NAME

I HEREBY CERTIFY THAT THE INFORMATION SUBMITTED IN THIS FORM ARE TRUE AND CORRECT.

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## **CREDIT AND CLAIMS REQUEST FORM**

	CLAIMANT IN	NFORMATION		
COMPANY NAME:				
ADDRESS:		CITY / STATE:		
ZIP / PO BOX:		PHONE:		
	CLAIM INF	ORMATION		
REASON FOR CLAIM:				
SHIPMENT DATE:		SHIPMENT LOCATION:		
PRODUCT VARIETY: (WRITE ALL AFFECTED VARIETIES)	PRODUCT GRADE: (eg. 70cm / 60cm / 50cm)	NO. OF AFFECTED STEMS:	PRICE PER STEM:	TOTAL AMOUNT:
TOTAL AMOUNT CLAIMED:				