

FOR OFFICE USE ONLY	
Information check	_____
Bank	_____
Approved by	_____
Date approved	_____



FOR OFFICE USE ONLY	
Account #	_____
Credit Limit	_____
Credit Rate	_____
Terms	_____

Business Information

(Please fill out to receive price list updates and specials)

Date _____

Firm Name _____

DBA _____ Fax # _____

Buyer contact _____ Buyer Phone # _____

Accounting contact _____ Billing Phone # _____

Street Address _____ Buyer's E-mail _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

At present location since: _____ Anticipated monthly purchases: _____

Business License # _____ Nursery License # _____

DUNS # _____ or, State Resale # _____

Proprietorship ? _____ Corporation ? _____ Partnership ? _____

***** **Type of Business** *****

Please Complete One Full Form For Each Location

Retail Flower Shop _____	Retail Garden Shop _____	Independent Grocer _____
Interior Maintenance _____	Wholesale Florist _____	Landscape Maintenance _____
Interior Design _____	Floral Distributor _____	Other _____

Credit References & Trade References on Reverse

(Complete reverse side of form)

Credit References

(Complete this portion only if an open charge account is requested)

Bank _____ Branch _____
Address _____ Account # _____
City, State, _____ Zip _____ Phone _____
Contact _____ Fax _____

Trade References

1. _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

2. _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

3. _____ Phone _____
Address _____ Fax _____
City _____ State _____ Zip _____

Note: All information submitted is held in strictest confidence; sole use to qualify applicant for credit.

For your protection as well as ours, your signature as applicant is required (Sign line 1 & 2 below).

Corporation Officers, Partners or Proprietors herewith acknowledge and assume personal responsibility for debts incurred in the name of the firm. The consideration for this guarantee is the continued extension of credit to the firm by this creditor.

Line 1: Individual _____ Date _____
Signature of Officer, Partner, or Owner

Name - (Print or Type) _____ Title _____

Applicant hereby agrees to pay services of 1 -1/2 % per month on all accounts outstanding more than thirty days. In the event it becomes necessary to enforce payment, applicant agrees to pay all collection, attorney, and/or court and/or court costs incurred by seller in such action and service charge at the rate of 1 -1/2% per month on all amounts found to be due and payable.

I hereby certify the foregoing to be true to the best of my knowledge.

Line 2 _____ Date _____
Signature of Officer, Partner, or Owner

Name - (Print or Type) _____ Title _____