



**Fresh Flowers From Our Farms To Your Door™
Business Credit Application**

NAME/ADDRESS

Last:	First:	Middle Initial:	Title
Name of Business:			Tax I.D. Number
Address:			
City:	State:	ZIP:	Phone:

COMPANY INFORMATION

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: State: ZIP: Phone:

BANK REFERENCES

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Address:	Address:	Address:
Phone:	Phone:	Phone:



TRADE REFERENCES

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

TERMS OF SALE: All monthly accounts are due by the 15th of the month following purchase, unless otherwise specified. A finance charge of 1,5% per month will be charged to all overdue accounts Customer agrees to pay reasonable attorney's fees, court costs and all other costs of collection after default. All legal action will be tried by the Laws of The United State Courts.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

I agree to inspect all shipments immediately upon arrival. I understand that credits will not be accepted after 48 hours of receiving product.

Signature

Date

Please return this form to Fancy Flowers Ltda C.I. ASAP. Fax: **305-675 8022**