



888-505-FLOR(3567) FAX 954-391-5242

Thank you for selecting our company as one of your floral suppliers. Please complete and sign the credit application below and return it to us by fax or mail. Your credit application will be processed promptly and confidentially.

BUSINESS INFORMATION

Name of Company	
Billing Address	
Telephone	
Fax	
Email Address	
Tax ID #	
Accounts Payable Contact and Phone Number	

BACKGROUND INFORMATION

Date Business Started		
Applicant is: (check item)	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Other	
Principle Owners, Partners, Members or officers:		
Name:	Title:	SSN:
Name:	Title:	SSN:
Name:	Title:	SSN:
Name of Parent Company if Subsidiary:		
Have you ever filed for Bankruptcy?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

BANK REFERENCE

Name	
Address	
Telephone	
Fax	
Contact Person	
Account Number	

Trade References

Name	
Address	
Telephone	
Contact Person	

Name	
Address	
Telephone	
Contact Person	

TERMS AND CONDITIONS

By signing and submitting this Credit Application, you agree that any sale of product and/or extension of credit to you by us shall be subject to the following terms and conditions:

- 1 All sales are F.O.B. Shipper. Title, ownership and risk shall pass from us to you when the product is delivered to the shipper
- 2 You must report any order fulfillment error or damage to product within 24 hours of receipt; otherwise, all sales are final 24 hours after delivery of product to you.
- 3 Any return, allowance or credit granted by us for damaged product shall be conditioned on the return of such damaged product to us.
- 4 All invoices are due net 30 days after purchase, payable at the address stated on the invoice, without any deduction for returns, allowances or other credits except as otherwise agreed by us in writing. Dishonored or returned checks shall be subject to applicable bank charges.
- 5 Any amounts not paid within the time allowed will be considered past due and shall bear interest at the rate of 1.5% per month (18% per annum) or the maximum allowed by law, whichever is greater, from the invoice date until paid.
- 6 Any and all costs incurred by us to collect from you a past due amount, including, but not limited to, reasonable attorney’s fees and court costs, shall be paid and/or reimbursed to us by you.
- 7 Jurisdiction and venue for any suit arising from the sale of product and/or extension of credit to you by Details Flowers—and/or any of our affiliates—shall be in any court of competent jurisdiction in Broward County, Florida and shall be governed by Florida law.

SIGNATURE

Your signature below declares and affirms that (1) the information provided by you in this Credit Application is true, correct and complete, (2) we may contact the bank and trade references listed on this Credit Application to obtain information on you to assist us in determining your creditworthiness, and (3) the undersigned is authorized to execute this Credit Application on your behalf.

NAME OF COMPANY:		
NAME OF AUTHORIZED SIGNATORY:		
TITLE OF AUTHORIZED SIGNATORY:		
AUTHORIZED SIGNATURE:	X	DATE:

PERSONAL GUARANTEE

In consideration of our extending credit to the applicant named above (the “Applicant”), the undersigned, jointly and severally, hereby irrevocably and unconditionally personally guarantee the payment of all of the Applicant’s obligations to us. In the event of any default by the Applicant in the payment of such obligations, we may proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned shall pay all costs and expenses of collection, including attorney’s fees, court cost and default interest at the highest rate permitted by law in enforcement of this personal guarantee.

NAME OF GUARANTOR:		
SIGNATURE OF GUARANTOR	X	
NAME OF GUARANTOR:		
SIGNATURE OF GUARANTOR	X	