



PLEASE FILL OUT THIS FORM AND RETURN IT AS SOON AS POSSIBLE.

BUSINESS INFORMATION:

COMPANY NAME: _____ YEAR STARTED (mm/dd/yyyy): / /
 (d/b/a/, if different)

POSTAL ADDRESS:
 City: _____ State: _____ Zip Code: _____

CONTACT PERSON: _____ PHONE: () -
 FAX: () - MOBILE: () -

E-MAIL: _____
 WEBSITE: _____

SHIPPING ADDRESS: (If different than above)
 City: _____ State: _____ Zip Code: _____

COMPANY TYPE: Corporation Partnership Individual

STATE TAX #: _____ FEDERAL ID #: _____

SEND INVOICES TO (email): _____
 SEND STATEMENTS TO (email): _____

LINES OF BUSINESS:

Wholesale cut flower	Supermarket	Silk flowers
Wholesale plants, ferns	Supplies	Other (please specify): _____
Grower	Dried flowers	

NAME OF OWNER(S) OR AN AUTHORIZED OFFICER(S) OF THE CORPORATION:

NAME	HOME ADDRESS	S.S #	PHONE
		- -	() -
		- -	() -
		- -	() -

BANK REFERENCE:

BANK NAME: _____ PHONE: () -
 ADDRESS: _____ FAX: () -
 City: _____ State: _____ Zip Code: _____

TRADE REFERENCES:

(List Miami Suppliers First)

NAME	ADDRESS	CITY, STATE, ZIP CODE	PHONE
			() -
			() -
			() -

I certify that all the above information is correct and I authorized Golden Flowers to investigate all the references provided, I agree to the terms of a net 30 and 1.5% per month interest rate to be charged for any balance due. I also agree if collection proceedings are necessary in the event of a defaulted payment including attorney's and court fees, that they shall be paid by the applicant. That if a corporation or partnership, the undersigned states and affirms that he is jointly and severally liable to all the terms, obligations and provisions in connection with Golden Flowers.

Fax or photocopies of this application is equivalent to an original form.SIGNATURE: _____ DATE (mm/dd/yyyy): / /

PLEASE ATTACH COPY OF THE STATE TAX NUMBER (TAX EXEMPT).



BANK INFORMATION

ACCOUNT #: _____ DATE (mm/dd/yyyy): / /

BANK NAME: _____ PHONE: () -

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

BANK OFFICER: _____ FAX: () -

CUSTOMER: _____

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

_____ CUSTOMER SIGNATURE _____ DATE (mm/dd/yyyy)

The above customer has given us your name as a Bank Reference. Please fill out the form below and fax it back to us as soon as possible at (305) 591-3438, Attn: Luis Moreno, Credit Collection Manager.
 (Authorization from the customer is enclosed)

THIS PART TO BE FILLED OUT BY THE BANK ONLY

ACCOUNT INFORMATION:

1. When was the Account Opened? _____

2. Average Balance (If Applicable): _____

3. Number of NSF Checks (Last 12 Months): _____

4. Line of Credit with this Company: _____

5. Account activity experience: Good Fair Poor

6. Other comments: _____

Please fax this form back to Golden Flowers at (305) 591-3428 • Attn: Luis Moreno

Thank you for your cooperation with the customer/account information.

Sincerely yours,

Luis Moreno

Luis Moreno
Credit Manager



I am authorized to make this application, and certify that the statements are true and complete. Terms of sale are 30 days and if any particular billing is not paid when due, all sales, regardless of prior terms, will become immediately due and owing upon demand. I agree to pay a late charge on all past due amounts of 1.5% per month or the maximum interest rate permitted by applicable law, whichever is less.

I give you permission to make inquiry on financial, credit related matters at my bank, and to references listed on this application.

The undersigned agrees to the above terms and conditions and assumes personal responsibility for payment of all amounts which said applicant has agreed to pay, including any attorney's fees, costs and collection charges (This credit application will be executed by all partners or major stockholders of the applicant).

DATE (mm/dd/yyyy): / /

By:

By: _____

By: _____



DELIVERY

All sales are F.O.B. Miami and Golden Flowers accepts no liability for damage in transit. Title and ownership are passed from Golden to the buyer when the flowers are delivered to the customer's designated carrier.

CREDIT

In the event of a claim, it should be reported by phone to your sales representative within 24 hours after receipt of shipment, with the following information: date of receipt, all data that appears on the box, flower, number of stems, reason for claim and any additional details. A written request for credit must be mailed in within 10 days after the phone claim, in order to properly credit your account. This request shall include a control number issued by Golden Flowers. Golden Flowers will not accept credits on freight charges.

Claims are not automatic and their validity is thoroughly investigated prior the approval by Golden Flowers Management.

Under no circumstances will a claim be accepted unless it is in accordance with all the above requirements.

The undersigned agrees with the above requirements.

Owner's Signature

/ /
 DATE (mm/dd/yyyy):

Print Name