



# CREDIT APPLICATION

## Important Information to Add with your Application

Dear Customer,

Thank you for your interest in opening an account with Golden Flowers.

To evaluate your request and process it timely, we need you to provide us with the following information:

1. Credit Application completed and signed by the company officer (all pages in Signature Space)
2. Resale Certificate for Sales Tax **(Only for Florida)**
3. Seller's Permit **(Only for California)**
4. Copy of Company Registration within your state / Tax Identification

We hope to have a friendly and lasting relationship with you soon.

Sincerely yours,

*Luis Moreno*

**Credit Manager**



PLEASE FILL OUT THIS FORM RETURN BY EMAIL

BUSINESS INFORMATION:				
COMPANY NAME:			YEAR STARTED:	
DBA, IF DIFFERENT:				
ADDRESS:			CITY:	
STATE:		ZIP CODE:		
CONTACT PERSON:			PHONE:	
FAX:			MOBILE:	
EMAIL:			WEBSITE:	
SHIPPING ADDRESS (if different above):				
ADDRESS:			CITY:	
STATE:		ZIP CODE:		
COMPANY TYPE:	CORPORATION <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	INDIVIDUAL <input type="checkbox"/>	
STATE TAX #			FEDERAL ID #	
EMAIL FOR INVOICES:				
EMAILS FOR STATEMENTS:				
ACCOUNTS PAYABLE CONTACT:			PHONE:	
EMAIL:				

LINES OF BUSINESS:	
Wholesale <input type="checkbox"/>	Supermarket <input type="checkbox"/> Retailer: <input type="checkbox"/> Broker: <input type="checkbox"/> Silk flowers: <input type="checkbox"/>
Grower Dried flowers <input type="checkbox"/>	Supplies <input type="checkbox"/> Other (please specify): _____

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

NAME	HOME ADDRESS	PHONE/EMAIL

TRADERS REFERENCES:			
NAME	PHONE	PAYMENT TERM	CREDIT LIMIT

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: X

DATE

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



BANK INFORMATION:				
ACCOUNT #:			DATE:	
BANK NAME:			PHONE:	
ADDRESS:				
CITY:		STATE:		ZIP CODE:
BANK OFFICER:			FAX:	
CUSTOMER:				
ADDRESS:				
CITY:		STATE:		ZIP CODE:

X

CUSTOMER SIGNATURE

DATE

**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*

**Credit Manager**

**PERSONAL GUARANTEE**

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 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 inquiries on financial and 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: \_\_\_\_\_

By: X \_\_\_\_\_

By: X \_\_\_\_\_

By: X \_\_\_\_\_



## PRODUCT DELIVERY AND CREDIT PROCEDURES

### 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, to properly credit your account. This request shall include a control number issued by Golden Flowers. Golden Flowers will not accept credit on freight charges.

Claims are not automatic, and their validity is thoroughly investigated prior to 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.

X

Owner's Signature

Date

X

Print Name