

CREDIT APPLICATION

Please fill out this form and return it as soon as possible.

COMPANY NAME	:				
Bill to Address:			Phone:		
City:		State:	Zip:		
Ship to Address:_			Phone:		
City:		State:	Zip:		
Contact Person:_			Phone:		
Email Address:			Fax:		
State Resale #Federal ID or SS#					
Check one:	() Corporation	() Partnership	() Individual	() LLC	() LLP
	Names of o	wners or authorized	d officers of the compa	ny (Required)	
Name:	Social Security #				
Home Address:			Phone:		<u>-</u>
Name:	Social Security #				
Home Address:			Phone:		
Name:	Social Security #				
Home Address:			Phone:		
·			nder a different business nai	me? () Yes	() No
	s Company:				
Address:	Street Address		City		State
Have you ever file	ed for Bankruptcy?	Yes N	lo Chapter #:_		
If yes, filed under	what name?	Date:			

Tel: 800.830.3567

Fax: 760.930.3569

www.florexpo.com



TRADE REFERENCES

From whom you are currently purchasing.

1. Company Name:		City/State		
Phone:	Fax:	Email:		
2. Company Name:		City/State		
Phone:	Fax:	Email:		
3. Company Name:		City/State		
Phone:	Fax:	Email:		
history. I agree to the terms of becomes past due and delinquattorney's and court fees, that	f sale (Net 20, End of Month) and Jent. I also agree to the collection t they will be paid by the applican	norize Florexpo, LLC to investigate all the references and credit 1.5% per Month interest rate to be charged for any balance which proceedings if necessary, in the event of a defaulted payment, t, that if a corporation or partnership, the undersigned states and, obligation and the provision in connection this Florexpo, LLC.		
Signature		Date		
Title:				
that I am personally obligated	to perform all the terms of, and	ly guaranteed the debts and obligations of my business and agree make all payments to Florexpo, LLC required by the agreement of to investigate my personal credit history.		
Name:		Social Security #		
Home Address:		Phone:		
Signature		Date		

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