



CREDIT APPLICATION

NAME OF COMPANY _____

ADDRESS _____ PHONE: _____

CITY _____ FAX: _____

ZIP _____ HOME NUMBER _____

COMPANY INFORMATION

TYPE OF BUSINESS: (CHECK ONE)
INDIVIDUAL _____ PARTNERSHIP _____ CORPORATION _____ YEAR INCORPORATED _____
NAME OF PRINCIPAL OWNER: _____ SS# _____
ADDRESS _____ FIN# _____
MAJOR CREDIT CARD—VISA _____ M/C _____ AMERICAN EXPRESS _____
NUMBER _____ EXP _____

BANK INFORMATION

NAME OF BANK _____ BANK OFFICER _____
ACCT# _____ ACCT TYPE: CHECKING _____ SAVINGS _____
BANK PHONE NUMBER _____
AUTHORIZATION TO RELEASE BANK INFORMATION-SIGNED BY _____

TRADE REFERENCES

COMPANY: _____
CONTACT: _____
TYPE OF BUSINESS _____
PHONE: _____
FAX _____
ADDRESS _____

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CONTACT: _____
TYPE OF BUSINESS _____
PHONE: _____
FAX _____
ADDRESS _____

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APPLICANTS SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE FOLLOWING CREDIT TERMS: PAYMENT IS DUE ON THE 15th OF THE MONTH FOLLOWING THE DATE OF PURCHASE. CREDIT PRIVILEGES ARE AUTOMATICALLY WITHDRAWN ON ACCOUNTS WITH PAST DUE BALANCES AND A FINANCE CHARGE OF 1.5% PER MONTH WILL BE APPLIED. DEFAULT IN PAYMENT WILL RESULT IN ADDITIONAL COLLECTION FEES AND/OR ATTORNEY'S FEES.

SIGNATURE _____

DATE _____

DRIVER LICENSE# _____

CREDIT POLICY STATEMENT

1. Payment of an open account is due by the 15th of the month following the date of purchase. All such purchases will appear at the bottom of the monthly statement under the headings of "Current" and "1 – 30".
2. **A finance charge of 1.5% per month (18% APR) is automatically added to all past due balances.**
3. If the monthly statement shows a 60-Day balance and this amount has not been resolved by the 15th of the month in which the statement is received, the account status will be changed to C.O.D. We reserve the right, however to change an open account to C.O.D. at anytime.
4. If the monthly statement shows a past due balance of more than 60 Days we reserve the right to charge all past due amounts on listed credit card, without further notice.
5. In the event the bank returns a check, a \$25.00 fee will be charged. Continual submission of a Nonsufficient Funds Check could result in the account being placed on "CASH ONLY".

Signature

Date

PLEASE SUBMIT VIA FAX 817-444-1796
or EMAIL CONTACT@YELLOWROSEFLORAL.COM