



Credit Application

Dear Customer,

Thank you for your interest in opening an account with The Queen's Flowers corporation.

In order to properly evaluate your request, we need you to provide us with the following information:

CREDIT APPLICATION

BANK INFORMATION (AUTHORIZATION)

COPY OF STATE TAX NUMBER (TAX EXEMPT)

FORM OF MERCHANDISE CREDIT PROCEDURES

We hope to have a friendly and lasting relationship with you in the near future.

Sincerely yours,

Luis Moreno

Luis Moreno
Credit Manager



Credit Application

CREDIT APPLICATION

Please fill out this form and return it ASAP (type or print)

Business Name: _____ DBA: _____
 Billing Address: _____ City: _____ State: _____ Zip: _____
 Is the shipping address the same as above? Yes No
 Shipping Address: _____ City: _____ State: _____ Zip: _____
 Carrier: _____ Carrier Acc.#: _____

Accounts Payable Contact: _____
 Phone: _____ Email: _____

Type of Company: Corporation Partnership Individual Date Business Started: _____
 State Tax #: _____ Federal ID #: _____
 Send Invoices to email: _____
 Send Statements to email: _____
 Has the business entity or any of its principals ever filed for bankruptcy proceedings? _____

Please indicate type of business:

Wholesale Supermarket BQ Company Broker Retailer Ecommerce

Estimated Purchases/Month \$: _____
 Own Building: Yes No Building Value \$: _____
 Rent Building: Yes No From Whom: _____

What is this company specialty or core service?

Special Occasions Florals Retail and E-commerce
 Corporate Floral Services Seasonal and Holiday Flowers
 Plant Sales and Maintenance Custom Floral Designs
 Other: _____

Name of Owner(s) or an Authorized Officer(s) of the Corporation:

Name: _____ Cell Phone #: _____ Email: _____



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Trade References:

Name:	Phone:	Email:	Payment Term:	Credit Limit:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Any misrepresentation in this application will be considered as a fraud, since the information herein is the basis for an extension of credit. As an inducement to grant credit, the undersigned warrants that the information submitted in this application is accurate and correct. You authorize The Queen's Flowers to investigate all the references provided. You agree to pay all outstanding balances net 30. All payments, including any service charges as outlined below, shall be sent to: The Queen's Flowers at 7001 NW 25th St, Miami FL 33122. You agree to pay a 1.5% per month (18% per annum) penalty on all past due balances. You agree that in the event of a default, collection proceedings are brought, that I shall be responsible for all costs related thereto, whether litigation is commenced or not, including attorney's and court fees. This Application and the agreements within may be executed in counterpart facsimile signatures and all such counterparts shall constitute a single form of this Application. A signed copy of this Application delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Application. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

Signature: _____

Date: _____

 Print Officer Name



Credit Application

BANK REFERENCE:

Date: _____ Acct: _____

Customer: _____
Address: _____
City: _____ State: _____ Zip: _____

Bank Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Bank Officer: _____ Title: _____

Customer Signature: _____ Name: _____

The above customer has given us your name as a Bank Reference.
Please fill out the following form. Enclosed is the authorization from the customer.

THIS PART IS TO BE FILLED OUT BY THE BANK

When was the account opened? _____
Average balance (if applicable): _____
Number of NSF checks (last 12 months): _____
Line of Credit with this company: _____
Account activity experience: _____
Other comments: _____

Thank you for your cooperation
Sincerely yours,

Luis Moreno
Luis Moreno
Credit Manager

**PLEASE EMAIL THIS FORM BACK TO US AT CREDIT@QUEENSFLOWERS.COM
OR FAX TO: 786-513-8045**



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MERCHANDISE CREDIT PROCEDURES

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

After receiving your shipment, in the event of a claim, it must be reported by phone to your sales representative within 24 hours. In order to properly credit your account, a written request for credit **must** be mailed or faxed to the office within the next 10 days after the initial phone call. The Queen's Flowers will not accept credits on freight charges.

Claims are not automatic, and their validity is thoroughly investigated prior to the approval by The Queen's 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.

Owners Signature: _____ Date: _____

Print Officer Name: _____



Credit Application

ABSOLUTE PERSONAL GUARANTEE

Date: _____

I, _____, residing at
(address)

(city) _____ (state) _____ (zip) _____,

in consideration for The Queen's Flowers extending credit to (name of
business) _____

(here in after referred to as the "Company"), of which I am (title) _____

_____, hereby individually and personally guarantee,
unconditionally, absolutely and irrevocably, the prompt payment of all sums
now or hereafter due to The Queen's Flowers by the Company, without limit,
whether said sums are due under open account, contract, or otherwise. It is
understood and agreed that credit, if extended, is to be on a continuing basis
and may exceed any maximum credit limit and that The Queen's Flowers shall
not be obligated to notify the undersigned of the dates and/or amounts of any
such credit and waives demand, notice of default any extension of time or any
other forbearance which may be extended to the Company.

SIGNATURE: _____

Print Officer Name

WITNESS: _____

ADDRESS: _____