

Orange County Wholesale Flowers

Address: 1409 E Warner Unit D, Santa Ana CA 92705 Phone: 714-542-6181 Email: info@ocwholesaleflowers.com

CREDIT APPLICATION

FROM

NAME: _____ DATE: _____
(FIRM OR INDIVIDUAL)
ADDRESS: _____ YEARS AT THIS ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF:

☐

CHECK HERE TO AU-TOHORIZE CASH SALES UNTIL CREDIT IS APPROVED

CREDIT MANAGER:

TO

NORMAL CREDIT TERMS: _____

FOLD

PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL DATA GIVEN WILL BE HELD STRICTLY CONFIDENTIAL.

FOLD

☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE PROPRIETORSHIP _____ YEAR ESTABLISHED

RESALE NO. _____ ACCTS.PAYABLE MGR. _____

**OWNER
SHIP**

NAMES AND ADDRESSES OF PRINCIPAL OFFICERS:

PHONE:

1. _____
2. _____
3. _____
4. _____

BANK

BANK: _____ ACCT.#: _____

ADDRESS: _____ PHONE: _____

NAMES AND ADDRESSES OF BUSINESS CREDIT REFERENCES:

PHONE:

BANK

1. _____
2. _____
3. _____

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. WE FULLY UNDERSTAND YOUR CREDIT TERM AND AGREE TO THE PROPER PAYMENT IN RETURN FOR EXTENDED CREDIT. I HEARBY AGREE TO PAY 1½% PER MONTH SERVICE CHARGE (ANNUAL 18%) ON PAST DUE BALANCE, REASONABLE COLLECTION COSTS, ATTORNEY'S FEES AND COURT COSTS, IF NECESSARY TO COLLECT.

SIGNED: _____ TITLE: _____

RESULTS

RESULTS: _____ AMOUNT OF CREDIT: _____
ACCOUNT NO. _____
DATE: _____

(PLEASE DO NOT WRITE IN BOXED AREA)

Fold as indicated to fit a standard window envelope.

**** PERSONAL GUARANTEE**

**** Personal Guarantee must be signed: not typewritten or printed**

I, _____, personally will guarantee any charges made as a result of the credit application on the reverse side should payment not be made in accordance with terms and conditions of sale.

Home address: Street: _____

City: _____

Telephone No.: _____ S.S. # _____

CA Driver's License # _____

☐ Renting or ☐ Buying Where Financed? _____

St. Address _____ City _____

Spouse's Name _____

Personal Credit References: (Give only names of those from whom you buy on open account)

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Name _____ Account # _____

St. Address _____ City _____ State _____

Your personal bank _____ Account # _____ SAVINGS

BRANCH _____ CITY _____

Your personal bank _____ Account # _____ CHECKING

BRANCH _____ CITY _____

****SIGNED** _____ Title _____