



Credit Application

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

Company Name:				
DBA:				
Address:				
City:	State:	Zip:		
Postal Address:		City:	State:	Zip:
Contact Person:		Phone:		Fax:
Type of Company/Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Individual: <input type="checkbox"/>				
State Tax Number:		Federal ID Number:		

Type of Business:		Date Started:		
Estimated Purchases/Month \$:				
Own Building: Yes <input type="checkbox"/> No <input type="checkbox"/>		Building Value \$:		
Rent Building: Yes <input type="checkbox"/> No <input type="checkbox"/>		From Whom:		

Name of Owner(s) or an Authorized Officer(s) of the Corporation:				
Name	Home Address	SS#	Home Phone	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

Bank Name :		Acct:		
Phone:		Fax:		
Address:				
City:	State:	Zip:		

Trade References: (List Miami Flower Suppliers First)		
Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all of the above information is correct and I authorized The Queen's 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 default 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/she is jointly and severally liable to all the terms, obligations and provisions in connection with The Queen's Flowers.
 Fax or Photo Copies of this application is equivalent to an original form.

Signature: _____

Date: _____



MERCHANDISE CREDIT PROCEDURES

All sales are F.O.B. Miami and The Queen's Flowers accepts 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 customer's 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 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.

Owner's Signature: _____

Date: ___/___/___



INDIVIDUAL PERSONAL GUARANTEE

Date: _____ 20____

I, _____, residing in (address) _____

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

for and in consideration of your extending credit at my request to (name of company) _____ (here in after referred to

as the "company"), of which I am (title) _____ hereby

personally guarantee to send you the payment to The Queen's Flowers at 7001 NW 25th St, Miami FL 33122, of any obligations of the company and I hereby agree to

bind myself to pay you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It is understood that this

guarantee shall continuing and irrevocable guarantee and indemnity for such indebtedness of the company. I do hereby waive notice of default, non-payment and

notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

SIGNATURE: _____

WITNESS: _____

ADDRESS: _____



THE QUEEN'S FLOWERS

BANK REFERENCE

Date:	Acct:	
Customer:		
Address:		
City:	State:	Zip:

Bank Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
Bank Officer:	Title:	
Customer Signature:		

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

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 <input type="checkbox"/>	Fair <input type="checkbox"/> Poor <input type="checkbox"/>
6) Other comments:		

Best regards,

Gustavo Diaz
Credit Manager

PLEASE FAX THIS FORM BACK TO US AT (786) 513-8079