



FLOWERS CENTRAL, INC.

Office Use Only
Cust # _____
Sales Rep _____
Terms: _____

CUSTOMER ACCOUNT APPLICATION Application to Resell Flowers Central Products

Please **COMPLETE** all information in detail and return to us as soon as possible.

FLORIDA CUSTOMERS <<Please include a copy of your current Sales Tax Certificate>>>>

BUSINESS INFO:

Company Name: _____ .d/b/a _____ County: _____
 Address: _____ Tax ID # _____ Bus. Type _____
Street (Not P.O Box) City State ZipCode

Business Phone: _____ Fax Phone: _____ Email Address: _____

CONTACTS:

Purchasing _____ Phone _____
 Accounting _____ Phone _____

Sole Proprietor Partnership S Corporation Incorporated Other **Date Est.** _____

Officers: _____ Address _____ Phone _____
 Officers: _____ Address _____ Phone _____
 Officers: _____ Address _____ Phone _____

Trade References: *References must be current*

*******Please include fax numbers*******

1.	Company	Address:	Phone:
	Email	Contact:	Fax#:
2.	Company	Address:	Phone:
	Email	Contact:	Fax#:
3.	Company	Address:	Phone:
	Email	Contact:	Fax#:

TERMS and CONDITIONS:

- Payment terms are COD or Credit Card, unless, other arrangements have been approved by the accounting office.
 You agree to comply with and be bound by the terms of the Agreement when you purchase from Flowers Central, Inc. on terms.
- PROMISE TO PAY.** You promise to pay all debts incurred from purchases made by you or an authorized purchasing agent for the benefit of the business.
 - FINANCE CHARGE:** The minimum finance charge for any billing period in which finance charges are imposed is \$1.00. A monthly percentage rate of 2% (24% annually) will be charged on all accounts with balances 30 days or older. Finance charges are calculated on the total balance due.
 - OVER CREDIT LIMIT FEE** – You agree to pay \$25.00 per month should charges exceed the credit limit set for your account.
 - BAD CHECK CHARGE.** You agree to pay a charge of \$25.00 if the face amount does not exceed \$50.00; \$30.00 if the face value exceeds \$50.00 but does not exceed \$300.00; \$40.00 if the face value exceeds \$300.00 or an amount of up to 5% of the face amount of the check, whichever is greater.
 - In the event of default, guarantor agrees to pay All Collection Costs and Legal Fees in connection with this account. The Undersigned also agrees to assign jurisdiction to Volusia County and have all hearings, arbitrations and cases resolved in the county of Volusia, Daytona Beach, Florida
 - This agreement is not transferable.

The undersigned authorizes the release of all credit information requested by Flowers Central, Inc. or authorized agent.

Authorized Signature _____ Print Name _____
 Title _____ Date _____

PERSONAL GUARANTEE:

In consideration of credit being extended by Flowers Central, Inc. to the above named applicant for merchandise to be purchased, whether applicant be an individual or individuals, sole proprietorship, partnership, corporation, or other entity, the undersigned guarantor(s) each hereby contract and guarantee to Flowers Central, Inc. the faithful payment, when due, of all accounts of said applicant for purchase(s) made. The undersigned guarantor(s) each hereby expressly waive all notice of acceptance of this guarantee, notice of extension of credit to applicant, presentment, and demand for payment on applicant, protest and notice to undersigned guarantor(s) of dishonor or default by applicant or with respect to any security held by Flowers Central, Inc., extension of time of payment to applicant, acceptance of partial payment or partial compromise, all other notices to which the undersigned guarantor(s) might otherwise be entitled and demand for payment under this guarantee. Any revocation of this guarantee shall be in writing and delivered to: Flowers Central, Inc., 130 S. Charles Street, Daytona Beach, FL 32114.

Authorized Signature Print Name Title Date

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COMMUNICATIONS: Federal Communications Commission (FCC) issued a new interpretation of the Telephone Consumer Protection Act of 1991 that prohibits sending unsolicited faxes without prior written consent. As of August 25, 2003 we cannot fax you price sheets and specials unless you have provided us with written permission.

I understand that by providing my mailing address, email address, telephone number and fax number, I consent to receiving communication by or on behalf of Flowers Central, Inc. via regular mail, email, telephone or fax. My preferred method of communication(s) are: ? Email ? Fax ? Mail ? Telephone

Signature: _____ Date: _____

DISCLOSURE of PERSONAL INFORMATION: We may disclose information that we collect to non-affiliated third parties: Financial service providers, such as companies engaged in banking, credit cards, consumer finance, securities and insurance.

By checking the box below, we will limit personal information about you that we disclose to non-affiliated third parties.
() Do Not Disclose my personal information.

PAYMENT TYPE: (ALL information listed below must be complete to establish an account)

*****Please check your preferred method of payment*****

 CREDIT CARD

VISA MC AMX DV

Credit Card # _____ Name on card: _____
 V Code: _____ Exp.Date: _____ Bank Name: _____

V Code is a 3 to 4 digit code located on the back of card near signature required to process credit card transactions

Drivers Lic# _____ Signature: _____
(Second form of ID:) (Signature authorizing use of card)

 PAPERLESS CHECK

Bank Name: _____ Address: _____
Account # _____
Routing # _____
Account Type: ? Checking ? Savings ? Money Market
Phone # _____ Bank Contact: _____
Drivers Lic# _____

(Print) Name of Signer on Account

 COD/CHECK

Bank Name: _____ Address: _____
Account # _____
Account Type: ? Checking ? Savings ? Money Market
Phone # _____ Bank Contact: _____
Drivers Lic# _____

(Print) Name of Signer on Account