Orange County Wholesale Flowers

603 W. Dyer Road, Santa Ana, CA 92707 Phone: 714-542-6181 Fax: 714-542-5947

CREDIT APPLICATION

	NAME:(FIRM OR INDIVIDUAL)	DATE:			
FROM	(FIRM OR INDIVIDUAL) ADDRESS:	VEADS AT			
	CITY:STATE:				
	HEREBY APPLIES FOR CREDIT IN ACCORDANCE WITH TH AND CONDITIONS OF:	E TERMS CHECK HERE TO AU-TOHORIZE CASH SALES UNTIL CREDIT IS APPROVED CREDIT MANAGER:			
то		NORMAL CREDIT TERMS:			
<u>OLD</u>	PLEASE PROVIDE THE FOLLOWING INFORMATION. ALL DATE CORPORATION PARTNERSHIP SOLE FRESALE NO ACCTS.PAY.	PROPRIETORSHIP YEAR ESTABLISHED			
OWNER SHIP	NAMES AND ADDRESSES OF PRINCIPAL OFFICERS: 1 2	PHONE:			
	3. 4.				
BANK	BANK:				
	NAMES AND ADDRESSES OF BUSINESS CREDIT REFEREN	NCES: PHONE:			
BANK	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 11/2% 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:			
	——————————————————————————————————————				

** PERSONAL GUARANTEE

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

l,		, perso	onally will guarantee any c	charges made as a	
	it application	•	uld payment not be made	-	
Home address:	Street:				
		No.:			
☐ Renting or					
		St. Address	City		
Spouse's Name_					
Personal Credit Ref	erences: (Give c	only names of those from who	om 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		