



2200 NW 70th Avenue Miami, FL 33122 Telephone (305)594-4300 • (800)333-1223
PLEASE COMPLETE AND RETURNED TO ABOVE ADDRESS

CUSTOMER CREDIT APPLICATION

Company Name: _____ **Date:** _____

Contact Name: _____

Mailing Address: _____

Country/City/State/Zip: _____ **Phone:** _____

Fax: _____ **E-mail address:** _____

Authorized Shipping Address: _____ **Authorized Billing Address:** _____

City _____ St. _____ Zip. _____ City: _____ St: _____ Zip. _____

Purch./Contact: _____ Phone: _____ E-Mail: _____

Purch./Contact: _____ Phone: _____ E-Mail: _____

Purch./Contact: _____ Phone: _____ E-Mail: _____

Purch./Contact: _____ Phone: _____ E-Mail: _____

Fax No: _____

- Line(S) of Business:**
- | | | | |
|--------------------------|-------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Wholesale Cut Flowers | <input type="checkbox"/> | Supplies |
| <input type="checkbox"/> | Wholesale Plants, ferns | <input type="checkbox"/> | Dried Flowers |
| <input type="checkbox"/> | Grower | <input type="checkbox"/> | Silk Flowers |
| <input type="checkbox"/> | Supermarkets | <input type="checkbox"/> | Other, (Please specify) _____ |

Owners/Officers

Name	Title	Telephone	E-Mail Address
1)			
2)			
3)			

Federal Tax ID Number: _____ **Years in Business:** _____

Sales Tax No.: _____

Annual Sales Volume _____ **Estimated Monthly Purchases:** _____

TRADE REFERENCES

Name	Name
Address	Address
City _____ St. _____ Zip _____	City _____ St _____ Zip _____
Telephone _____	Telephone _____

