



Florists Supply Ltd.

C R E D I T A P P L I C A T I O N

Applicant's Company Name (Legal Business Name)

Other Trade Name(s)

Address

Ship to address (if different)

City **Province** **Postal Code**

Telephone **Fax**

Email **Web Site**

Type of Business: **Proprietorship** **Partnership** **Incorporated**

Name of bookkeeper/ accountant: _____ **Telephone:** _____

Names and Addresses of Owners or Principal Officers:

Last Name **First Name** **Title/Position** **Home Address & Phone**

1. _____

2. _____

3. _____

Date Business Started _____ **Date Present Ownership Started (if different)** _____

PST/HST Number (if applicable) _____ **GST Registration Number** _____

Bank Reference:

Name of Bank **Account#** **Contact** **Phone**

Branch Address **City** **Province**



www.floristssupply.com

WINNIPEG

35 Airport Road
Winnipeg, Manitoba
Canada R3H 0V5
P. 204.632.1210 F. 204.694.6858
Toll Free Phone. 1.800.665.7378
Toll Free Fax. 1.888.694.6858

SASKATOON

1623 Quebec Avenue
Saskatoon, Saskatchewan
Canada S7K 1V6
P. 306.244.4457 F. 306.244.0010
Toll Free Phone. 1.800.667.3985
Toll Free Fax. 1.888.604.0010

EDMONTON

16455 – 118 Avenue
Edmonton, Alberta
Canada T5V 1H2
P. 780.424.4576 F. 780.424.4566
Toll Free Phone. 1.800.465.8878

VANCOUVER

Unit 100, 7885 North Fraser Way
Burnaby, British Columbia
Canada V5J 5M7
P. 604.630.4688 F. 604.630.4681
Toll Free Phone. 1.866.203.8607
Toll Free Fax. 1.866.645.7316



Florists Supply Ltd.

Please list 3 trade suppliers that currently extend credit to you:

Name	Address	City /Province	Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Florists Supply Ltd offers payments with VISA or Master Card for your convenience. Please complete if you wish to pay all orders by credit card. Payment will be processed day of shipping.

Visa# _____ Expiry Date: _____

Master Card # _____ Expiry Date: _____

Cardholder Name (Please Print) _____

Authorized Signature: _____ Date: _____

Credit card payments on account: Total balance will be processed 1st business day of every month when statement is printed.

I/We hereby make application for credit with Florists Supply Ltd. subject to its terms of net 30 following date of statement and I/we hereby agree to pay interest at the rate of 2% per month on any portion of our account over 30 days. N.S.F. cheques shall be assessed a \$20.00 service charge.

I/We understand that if credit terms are not being complied with, Florists Supply Ltd. reserves the right to revoke credit privileges and to impose C.O.D. terms, as stated in their credit policy.

I/We the undersigned authorize Florists Supply Ltd. or its representatives to obtain business and/or personal credit information from credit reporting services in connection with the credit hereby applied for and consent to the disclosure of such information to any person or to any credit reporting agency with whom the undersigned have or may have financial relations.

Dated at: _____ this _____ day of _____, 20____.

Authorized Signature: _____

Name & Title (please print): _____

***** Office Use Only *****

Date Approved: _____

Sales Rep: _____

Account number: _____

Territory: _____

Credit Limit: _____

