

CONFIDENTIAL CREDIT APPLICATION

GENERAL INFORMATION

Name:	Title:	Federal I.D. Number:
Name of Business:		Email:
Trade Name or DBA Name:		
Full Address:		Phone:
Legal form under which business operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other: _____		
In Business Since:		
Resale Tax Certificate Number:		

Buyer

Full Name:	Cellphone:	Email:
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Accounts Payable

Contact Name:	Cellphone:	Email:
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BANKING REFERENCE

Bank Name	Physical Address	Account Number	Phone	Contact

RESPONSIBLE PARTIES (Owners, Partners, Officers, Purchase Agents of Company)

First and Last Name	Title	Address	Phone Number

BUSINESS REFERENCE: (Please provide at least **three** business references)

Company Name	Phone Number	Contact Name	Contact Title

As partial consideration for the extension of credit, the undersigned agrees to the Terms on the following page. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended and is complete and accurate.

Signature

Print Name

Date

ChileBlooms Use Only

Credit given to the company:

Arranged term of payment:

Authorized by:

Frequency of payments:

Revised by:

Signature

Date

Terms

As partial consideration of the extension of credit, the undersigned agrees to the following:

1. The terms and conditions listed above on this application shall upon extension of credit by ChileBlooms constitute an agreement of sale.
2. Terms of Credit are **COD**. All accounts not paid within terms will be considered delinquent. A service charge of 1.5% per month (18% per annum) will be charged to all past due accounts.
3. **CREDITS**: All quality issues must be reported by phone or email within 48 hours of receipt of flowers. No adjustments will be made without timely **written** email, fax request with designated control. Number, pictures and box identification number. Applicant(s) waive(s) all right to make claim or countersuit unless claims are made **BOTH** in writing by email or fax and by telephone within 24 hours of receipt of shipment. Please examine your flowers carefully upon receipt. ChileBlooms is not responsible for carrier related problems or damages due to packaging integrity.

Quality control information:

Name

Email Address

4. Applicant(s) hereby authorize(s), without specific reference, all banks with which (they) now (have) an account or accounts, or may in the future have an account or accounts, to provide account information to ChileBlooms, on its demand.
5. Applicant(s) hereby authorize(s), ChileBlooms, and any of its agents to inquire of its (their) credit worthiness via all means, including credit reporting agencies.
6. In the event of litigation or in the event it becomes necessary to place the account for collection, applicant(s) agree(s) to pay all costs of collection, including, but not limited to, investigative fees accruing as a result of attempts to enforce judgment(s) and attorney's fees. Applicant(s) further agree(s) that, in the event of suit, venue is proper in Miami Dade County, Florida.
7. Should there be any doubt as to the interpretation of this agreement, either in part or in whole, by a court of law or otherwise, the benefit of interpretation will belong solely to ChileBlooms.
8. Applicant(s) agree(s) to immediately notify ChileBlooms in writing at the above address of any change in ownership or form of its (their) business(es). This instrument shall remain in full force and effect even after a change of ownership or form of business(es) until actual written notice of revocation is received by ChileBlooms.
9. ChileBlooms is not hereby committed to extend any credit whatsoever. If credit is extended, ChileBlooms is hereby authorized and directed to continue or discontinue, with or without notice, in its sole discretion, such line of credit in any amount of amounts determined by ChileBlooms and, in its sole discretion, with or without notice, to place these amounts on a C.O.D. basis and/or refuse sales entirely.
10. Applicant(s) understand(s) completion of this form does not guarantee an open account.
11. Applicant(s) understand(s) failure to enforce any of the terms set forth does not constitute a waiver of these terms in the future.
12. In the event of non-payment, the account will be turned over to collections, at which point all discounts are null and void and a collection fee of 33.3% will be added to the total amount due.

Under the penalty of perjury, I certify all the statements contained in this application are true and correct and understand that ChileBlooms intends to rely on all the information presented in this application to determine the applicant(s) credit worthiness. In my capacity as an officer, partner, agent or owner, I am authorized to sign this credit application and jointly and severally guarantee payment of applicant's past, present and future obligations to ChileBlooms and agree to all the of the above terms stated herein.

Date

Signed

ACH Debit Authorization Form

With ACH Debit, we can collect your payment directly from your provided bank account. You must fill out our ACH debit form for automatic debits or send us authorization each time you want us to debit your payment, you may either send us a copy of a check or provide us with your banking routing and account number and authorized amount you'd like us to debit. This payment option is free of charge.

I (we) hereby authorize: ChileBlooms hereinafter called COMPANY/INDIVIDUAL, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our)

Checking Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to debit and/or credit the same to such account.

Bank Information

Business Name:			
Address:			
City, State, Zip Code:			
Bank Name:			
Routing/ABA No:		Account #:	

I (we) wish for this transaction to take place starting on:			
and to recur:	<input type="checkbox"/> With every new invoice, <input type="checkbox"/> Monthly, <input type="checkbox"/> Upon written or verbal Authorization		

This authority is to remain in full force and effect until ChileBlooms has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ChileBlooms and it's bank a reasonable opportunity to act on it.

Name of person filling out form
(Please Print)

Title

Signature(s)

Date

Credit Card Authorization Form

Company Name: _____

I, _____, Title _____ hereby

authorize ChileBlooms to charge my: (check one)



OTHER

Name as it appears on card:			
Credit Card Number:			
Expiration Date:		CVV Code:	
Address:			
City, State, Zip Code:			
Phone Number:			
Email Address:			

As the credit card holder, I also authorize ChileBlooms to charge my credit card for future purchases verbally (or written) approved by me. ____ **(Initials)**

Your completion of this credit card authorization agreement helps us to protect you, our valued customers, from credit card fraud. ChileBlooms will keep all information entered on this form strictly confidential.

Signature of Cardholder

Date