



# FALL RIVER FLORIST SUPPLY CO., INC.

## CREDIT APPLICATION AND AGREEMENT

119 COVE STREET, FALL RIVER, MA 02720

(800) 825-8252

(508) 678-9077

Firm Name \_\_\_\_\_ Fed. Tax I.D. # \_\_\_\_\_ Date \_\_\_\_\_

Owner's Name \_\_\_\_\_ Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Shop Mailing Address \_\_\_\_\_ Shop Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business premises are ( ) Owned ( ) Rented How Many employees? \_\_\_\_\_

How long at this address? \_\_\_\_\_ How long has shop been in business? \_\_\_\_\_

How long with current owner? \_\_\_\_\_ Type of business ( ) Partnership ( ) Proprietorship ( ) LLC o  
( ) Corporation Year Incorporated \_\_\_\_\_ State Incorporated \_\_\_\_\_

Corporation Name \_\_\_\_\_

If partnership, list name and addresses of each below:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Type of Operation: ( ) Broker ( ) Wholesale ( ) Retail

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_

Type of Account \_\_\_\_\_ Acct # \_\_\_\_\_ Bank Tel # \_\_\_\_\_

Please provide four trade references your firm has done business with for one year or longer:

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

Dollar amt of credit requested? \_\_\_\_\_ Terms requested ( ) Weekly 7-day ( ) 30 Days

I / we certify that the above is true and is furnished for the sole purpose of securing credit from Fall River Florist Supply Co., Inc. If credit is extended, I / we agree to make payment in accordance with the credit terms agreed to and agree that a 1 1/2% monthly (18% annually) service charge will be added to the unpaid balance each month for any amount not paid within 30 days of the end of the month of purchase. I / we agree to pay reasonable attorney fees and court costs for collection or attempting to collect or secure payment and agree that suit may be brought in Bristol County, MA. Fall River Florist Supply Co., Inc. is hereby authorized to deliver goods without signature and to charge the same to my account. I agree, if any checks are dishonored or returned for any reason, the amount of the check may be electronically debited from my bank account plus a processing fee of \$25.00 (or legal limit). There will also be a \$20.00 service charge for each returned check. This agreement shall continue until written notice to the contrary is given and accepted, which acceptance shall be evidenced by letter from Fall River Florist Supply Co., Inc. By signing this application, I authorize Fall River Florist Supply Co., Inc. or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Fall River Florist Supply Co., Inc. to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this account. Upon my request Fall River Florist Supply Co., Inc. will provide me with the name and address of the consumer credit reporting agency that furnished the report.

\_\_\_\_\_ BY \_\_\_\_\_  
FIRM NAME OFFICER, PARTNER, OWNER (TITLE) SIGN NAME PRINT NAME

### PERSONAL GUARANTEE

In consideration of credit given or to be given from time to time to \_\_\_\_\_ (hereinafter called Debtor) the undersigned to hereby jointly and severally guarantees the full and prompt payment to Fall River Florist Supply Co., Inc. of all indebtedness, obligations or liabilities of said debtor to Fall River Florist Supply Co., Inc. now existing or hereafter creating or arising; and the undersigned further agree to pay all expenses, including legal expense, court costs and attorney fees paid or incurred by Fall River Florist Supply Co., Inc. in endeavoring to collect such indebtedness or any part thereof or in enforcing this Guarantee and hereby agree that suit may be brought in Bristol County, MA.

GUARANTOR \_\_\_\_\_ SIGN \_\_\_\_\_ PRINT NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

GUARANTOR (SPOUSE) \_\_\_\_\_ SIGN & PRINT NAME \_\_\_\_\_

GUARANTOR \_\_\_\_\_ SIGN \_\_\_\_\_ PRINT NAME \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

GUARANTOR (SPOUSE) \_\_\_\_\_ SIGN & PRINT NAME \_\_\_\_\_

Signed and delivered this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ We agree immediately to notify Fall River Florist Supply Co., Inc. at the above address of any change in ownership or form of said business by means of written notification. This instrument shall remain in full force and effect until written notice of revocation is received by Fall River Florist Supply Co, Inc.

WITNESSES (must have two)

SIGNED \_\_\_\_\_ SS # \_\_\_\_\_

SIGNED \_\_\_\_\_ SS # \_\_\_\_\_

\*\*\*PLEASE MAIL THIS ORIGINAL FORM TO FALL RIVER FLORIST SUPPLY CO., INC.\*\*\*