Tremont Floral Supplies, Inc.
Credit Application

Jacki Hamner, Credit Manager
P.O. Box 37
9985 Highway 178, East
Tremont, MS 38876

Credit Dept. Ext # 119
Toll Free: 1-800-647-9390
Telephone: 662-652-3000
Fax: 662-652-3356

Credit Limit Requested: $_____Date:_____

Business Name:_____ Phone:_____

D/B/A (Doing Business As):_____ Federal Tax ID#_____

Mailing Address:_____
(Street) (City/State) (Zip)

Shipping Address:_____
(Street) (City/State) (Zip)

Email
Address:_____Cell_____

How long have **YOU** owned this business?__yrs___mths At this location?__yrs___mths

Has the firm or any of its Principals ever filed bankruptcy? No_____ Yes_____

Yearly Sales $_____ Number of Employees _____

Ownership: _____ Sole Proprietorship _____ Partnership _____Corporation

Banking Reference/Information: (Two References Required)

	Bank #1	Bank #2
Name:	_____	_____
Address:	_____	_____
	_____	_____
Acct# :	_____	_____
Fax# :	_____	_____

I hereby authorize Tremont Floral Supplies to check the bank references listed above as well as, perform a standard credit inquiry with reporting agencies.

X_____
(Signature)

Name, Home Phone#, Home Address, and Office Held of all Owner (s) and or Officers:

Name:	_____	_____
Address:	_____	_____
	_____	_____
	_____	_____
Phone:	_____	_____
Office:	_____	_____

Trade References (5 required): (Name, Address, Phone#, Fax#, and Contact of major suppliers of goods & services)

(1)_____ _____
(fax number)

(2)_____ _____
(fax number)

(3)_____ _____
(fax number)

(4)_____ _____
(fax number)

(5)_____ _____
(fax number)

CHECK WRITING CUSTOMERS MUST PRESENT DRIVER'S LICENSE @ TIME OF PRESENTATION OR PROVIDE COPY OF DRIVER'S LICENSE FOR FILE. RETURNED CHECKS ARE SUBJECT TO ELECTRONIC REDEPOSIT.

If you plan on paying by credit card, please fill in the following information:

CREDIT CARD INFORMATION:

TYPE: _____VISA ____MASTERCARD
CARD#_____EXPIRATION DATE:_____
CREDIT CARD VALIDATION CODE(REQUIRED)_____
CARD HOLDER:_____
CREDIT CARD BILLING ADDRESS:_____
CITY:_____STATE:_____ZIP:_____
AUTHORIZED SIGNATURE_____

CREDIT AGREEMENT

I agree to pay my account with Tremont Floral Supplies within 30 days of delivery of merchandise. If I fail to do so, I understand that a finance charge of 1.5% per month will be added to the past due balance of my account. I also understand that if my account balance becomes past due I will be responsible for any reasonable collection or attorney's fees necessary to collect my account. THE UNDERSIGNED HAS READ AND UNDERSTANDS THE TERMS OF THIS CREDIT APPLICATION AND AGREES TO THE ABOVE TERMS AND CONDITIONS FOR THE PRIVILEGE OF A CHARGE ACCOUNT WITH TREMONT FLORAL SUPPLIES. THE UNDERSIGNED CERTIFIES THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT. I AUTHORIZE TREMONT FLORAL SUPPLIES TO INVESTIGATE THE CREDIT REFERENCES LISTED ABOVE.

PERSONAL GUARANTEE

I (We) understand the information furnished you on the previous pages hereof, is for the purpose of obtaining credit with your firm, that I am (we are) authorized, in my (our) capacity, to bind my (our) firm accordingly. I (we), the undersigned, guarantee and promise to be held personally liable for all indebtedness accrued under this continuing agreement. I agree that all accounts or monies due you shall be due and payable at your place of business. In the event of default and referral to an attorney or collection agency I (we) agree to pay reasonable costs and attorney's fees.

X_____ X_____
(Signature of Owner/Principal) (Signature of Owner/Principal)