



## CONFIDENTIAL CREDIT APPLICATION

VERSION: 5

DATE 6/18/18

PAGE 1 OF 1

REQUESTED DATE: \_\_\_\_\_

CUSTOMER  
TYPEFLORAL  
DISTRIBUTORFLOWER  
GROWERPOTTED PLANT  
GROWER

SUPERMARKET

WHOLESALE  
FLORISTRETAIL  
FLORIST

OTHER

PLEASE STATE: \_\_\_\_\_

## GENERAL INFORMATION

COUNTRY UNITED STATES CANADA CURRENCY USD CANADIAN

COMPANY NAME			DUNS NUMBER		
ADDRESS			CITY	STATE	
TELEPHONE 1	TELEPHONE 2		FAX	ZIP CODE	
EMAIL 1	EMAIL 2		NOTES		
BUYING CONTACT			ACCOUNTING CONTACT		
TYPE OF COMPANY Corporation Partnership Propiership Other			Yearly Sales Revenue		
Year of establishment			Employer ID#		
Desired Credit Limit			Sales Tax ID#		
Decowraps Sles Rep:					

## OWNERS / PRINCIPLES / MEMBERS (if others please list on the back of this form)

NAME			NAME		
EMAIL			EMAIL		
ADDRESS			ADDRESS		
CITY	STATE		CITY	STATE	
ZIP			ZIP		
TELEPHONE	TELEPHONE		TELEPHONE	TELEPHONE	

## TRADE REFERENCES (Minimum of three from the Flower Industry)

COMPANY	ADDRESS	
CITY	STATE	
TELEPHONE	ZIP CODE	
CONTACT	FAX	
	EMAIL	
COMPANY	ADDRESS	
CITY	STATE	
TELEPHONE	ZIP CODE	
CONTACT	FAX	
	EMAIL	
COMPANY	ADDRESS	
CITY	STATE	
TELEPHONE	ZIP CODE	
CONTACT	FAX	
	EMAIL	
COMPANY	ADDRESS	
CITY	STATE	
TELEPHONE	ZIP CODE	
CONTACT	FAX	
	EMAIL	

## BANK REFERENCE

BANK	ADDRESS	
CITY	STATE	
TELEPHONE	ZIP CODE	
ACCOUNT NUMBER	FAX	
	CONTACT	

The undersigned certifies that she/he has the authority to submit this Confidential Credit Application and request credit on behalf of the entity which she/he represents. The undersigned certifies that all information provided in this application is true and correct. If the applicant is an entity, the undersigned personally guarantees prompt payment of all purchases and obligations. The undersigned further agrees that, unless otherwise expressly agreed to by all parties in writing, this application is made subject to the Terms and Conditions of Sale as states on Decowraps' website [www.decowraps.com](http://www.decowraps.com), and the undersigned agrees to the Terms and Conditions of Sale. The undersigned agrees that she/he has reviewed Decowraps' Terms and Conditions of Sale prior to signing this application.

NAME (Please print)

TITLE (must be an officer)

AUTHORIZED SIGNATURE

DATE

## CREDIT AND SALES DEPARTMENT (For internal use only)

Sales Rep Name	Expected Sales (1 year)	Comments
Credit Dept Employee	Recommended Terms	Comments
Recommended Credit Limit	Approved Credit Limit	Date of Approval
Approved Terms	Credit Approved By	