



BUSINESS APPLICATION FOR CREDIT

BUSINESS CONTACT INFORMATION			
Business Name:		Title:	
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Business Start Date:		Years at Current Address:	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other			
CREDIT INFORMATION			
Bank Name:		Account Number:	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other			
ACCOUNTS PAYABLE INFORMATION			
Person in Charge of Accounts Payable:			
Phone:	Ext:	Email:	
BUSINESS/TRADE REFERENCES			
Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
Company Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	
AGREEMENT			
1. All invoices are to be paid 30 days from date of invoice. 2. Claims arising from invoices must be made within seven working days. 3. By submitting this application, you authorize Berkeley Florist Supply to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURES			
Title:	Date:	Title:	Date: