

ROKAYFLORAL

WHOLESALE CUT FLOWERS



Business Name _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Email _____

Federal tax I.D. Number _____

Ownership: (select one) Corporation _____ Partnership _____ Sole Proprietorship _____

Principal(s):
Name Title Address Social Security # Drivers License #

Person to contact regarding this account: _____

Trade References

| Name | City/State | Phone |
|-------|------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Bank Reference:

| Type | Bank Name | Account# | Contact | Phone |
|----------|-----------|----------|---------|-------|
| Checking | _____ | _____ | _____ | _____ |

ALL New accounts are COD for at least 6 months

1. In the event a charge account is given, Balance is due NET 15 day's end of month. 1-1/2% per month charged on all balances past due. You must sign application.
2. In the event a charge account is given, we require a valid Credit card on file with authorization to use if balance becomes delinquent.
3. Any quality problems must be reported to your salesperson within 24 hours of receipt – No exceptions. Pictures will be required and return of product may be necessary also.

Personal Guarantee:

In consideration of credit being extended by Rokay Floral to the above named applicant(s) for merchandise purchased whether applicant be an individual(s), a proprietorship, a corporation, or any other entity, the undersigned guarantor or guarantors each hereby contract and personally guarantee to Rokay Floral, the faithful payment, when due, of all accounts of said applicant for the purchases made by said applicant. If account becomes delinquent, I understand that Rokay Floral will charge interest at the maximum rate allowed by law. Also, I (we) understand that should it be necessary for Rokay Floral to utilize a collection agency or other legal remedy to collect this debt, I (we) will be charged for all collection related expenses plus an additional 20% of the entire balance.

Signature(s) _____, an individual Printed name _____ Date _____

_____, an individual _____ Date _____

Telephone: Plymouth (734) 416-1300 Battle Creek (269) 962-8527

Web: www.rokayfloral.com

Email: rob@rokayfloral.com