

# The Flower Cart, Inc.

5230 Harford Road, Baltimore, MD 21214 Phone: 410-426-3545 Fax: 410-426-8304

## CORPORATE HOUSE ACCOUNT APPLICATION

### BUSINESS INFORMATION

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Type of Business: Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Sole Proprietorship: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Tax Exempt #: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Authorized Buyers: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

(Please indicate if billing address is the same as above)

### CREDIT REFERENCES

PLEASE LIST TWO OR MORE REFERENCES FROM WHOM YOU BUY ON OPEN ACCOUNT

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail : \_\_\_\_\_

Bank Name and Address: \_\_\_\_\_

Account Type: \_\_\_\_\_ Account #: \_\_\_\_\_

The above information is given for the purpose of obtaining credit. I/We authorize you to obtain information from any source concerning statements made herein. If this application is accepted, I/We promise to pay all charges incurred, and agree to the terms and conditions in the agreement accompanying the application. I/We acknowledge receipt of the disclosure required by the Equal Credit Opportunities Act.

A 1% per month rebilling charge will be applied to the unpaid balance after 30 days with a minimum rebilling charge of \$2.00. If Collection becomes necessary, we will refer the account to our attorney for collections and you will be responsible for the attorney's fee, together with the unpaid balance and court cost.

Signature of Applicant

Signature of Co-Applicant

Date

*Fax Completed Application to the Accounts Department 410-426-8304*