

The Flower Cart, Inc.

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

Johns Hopkins HOUSE ACCOUNT APPLICATION

DEPARTMENT INFORMATION

Department Name: _____

Building: _____ Suite: _____

Street Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ E-Mail Address: _____

Type of Business: Corporation: _____ Partnership: _____ Sole Proprietorship: _____

Federal ID #: _____ Tax Exempt #: _____ In Business Since: _____

¹ Name of Applicant: _____

² Authorized Buyers: _____

Billing Address: _____ City: _____ Zip: _____

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

¹ The Account Holder is responsible for notifying the Flower Cart's Accounts Department (410-426-3545) regarding any changes to the Authorized Buyers List, Billing information or other Account issues.

² Individuals authorized by the account holder to make purchases on the account. This person will need the House Account number in order to place orders.

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