

The Flower Cart, Inc.

5230 Harford Road, Baltimore, MD 21214 Phone: 410-426-3545 Fax: 443-267-0099

Email: customerserv@flowercart.com

CORPORATE HOUSE ACCOUNT APPLICATION

BUSINESS NAME: _____

STREET ADDRESS: _____ BUILDING: _____ SUITE: _____

CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE: _____ FAX: _____

TELEPHONE: _____ FAX: _____ EMAIL ADDRESS: _____

TYPE OF BUSINESS: *CORPORATION: _____ *PARTNERSHIP: _____ *SOLE PROPRIETORSHIP: _____ IN BUSINESS SINCE: _____

FED ID #: _____ TAX EXEMPT #: _____ PLEASE ATTACH A COPY OF CERTIFICATE TO THIS APPLICATION.

NAME OF APPLICANT: _____

AUTHORIZED BUYERS: _____

BILLING ADDRESS (if different from above): _____

CREDIT REFERENCES

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

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

BANK NAME & ADDRESS: _____

ACCOUNT TYPE: _____ ACCOUNT #: _____

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

Individuals authorized by the account holder to make purchases on the account will need the 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 OR EMAIL COMPLETED APPLICATION TO 443-267-0099 OR KERRY@FLOWERCART.COM