



FLORCA

flowering the planet

Credit Application Form

Company Name: _____

Billing Address: _____

Phone: _____ E-mail: _____ Tax #: _____

Type of Ownership: Corporation Partnership Sole Proprietorship

Principals or Officers

Name / Title: _____

Name / Title: _____

Number of Years in Business: _____ Type of Business: _____

Business Premises are: Owned Rented Leased for _____ years

Trade References (Please list at least 3 references that will verify your information / rating, including name, adress, phone and contact party handling your account)

1. _____

2. _____

3. _____

Bank information: (Please include Name / Adress / Branch and Account Officer who is familiar with your account and who will verify information)

Signature: _____ Date: _____