



CAMBRIAN FLOWERS NORTHWEST LLC

dba FRAGRANCE GLOW

SAN DIEGO INTERNATIONAL FLORAL TRADE CENTER

5600 AVENIDA ENCINAS # 22

CARLSBAD, CALIFORNIA 92008

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WEB SITE : <http://www.cambrianflower.com>

NEW CUSTOMER INFORMATION FORM

DATE: _____

COMPANY NAME _____	YEARS IN BUSINESS _____
TYPE OF BUSINESS:	
RETAIL _____	WHOLESALE _____
RESALE # _____	
STREET ADDRESS: _____	
CITY _____	STATE: _____
ZIP CODE: _____	
BILLING ADDRESS (IF DIFFERENT)	

PHONE NUMBER: _____	FAX NUMBER: _____
E-MAIL _____	
A/P CONTACT: _____	PHONE: _____
EXT: _____	
PO NEEDED? _____	INVOICE COPIES NEEDED? _____
MONTHLY STATEMENT _____	
TYPE OF COMPANY: CORPORATION _____	
PARTNERSHIP _____	
SOLE PROPRIETOR _____	
LLC _____	
NAME(S) OF ALL PRINCIPAL(S) REQUIRED:	
1. _____	TITLE _____
SSN _____	
2. _____	TITLE _____
SSN _____	
1. _____	TITLE _____
SSN _____	
NAME OF PARENT COMPANY AND/OR SUBSIDIARIES _____	

LIST THREE COMPANIES IN FLORAL RELATED BUSINESS THAT YOU ARE CURRENTLY BUYING FROM ON CREDIT TERMS. PLEASE PROVIDE ADDRESS, PHONE AND FAX #.

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____ FAX _____

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____ FAX _____

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____ PHONE _____ FAX _____

BUSINESS BANK _____ BRANCH _____ PHONE _____

LOCATION _____ CONTACT _____

CHECKING ACCOUNT # _____ SAVINGS ACCOUNT # _____

HAS YOUR FIRM OR ANY OF ITS PRINCIPLES EVER FILED FOR BANKRUPTCY? YES ___ NO ___

IF YES WHEN? _____ BUSINESS: _____ PERSONAL: _____

ESTIMATE OF MONTHLY CREDIT REQUESTED FROM FRAGRANCE GLOW \$ _____
(CURRENT FINANCIAL STATEMENT MAY BE REQUIRED TO SUPPORT CREDIT REQUEST)

CONDITIONS OF SALE

UPON APPROVAL OF THIS APPLICATION A NET 30 CREDIT TERM WILL APPLY. IN CONSIDERATION FOR ANY EXTENSION OF CREDIT PURCHASER AGREES TO THE TERMS HEREOF AND TO THE CONDITIONS OF SALE SET FORTH IN EACH INVOICE. BALANCES THAT REMAIN UNPAID BEYOND THE TERMS WILL BE CHARGED AN INTEREST FEE OF 1.5% PER MONTH (18% ANNUALLY).

IN THE EVENT THAT COLLECTION OF THE DEBT BY AN OUTSIDE AGENT BECOMES NECESSARY, OR THE ACCOUNT IS REFERRED TO AN ATTORNEY OR AGENCY FOR COLLECTION, ALL FEES AND ALL COSTS RELATED TO THE COLLECTION OF THE DEBT WILL BE PAID BY THE DEBTOR. VENUE WILL BE IN THE STATE OF CALIFORNIA, IN THE COUNTY OF SAN DIEGO.

ALL SALES ARE FOB AND FRAGRANCE GLOW IS NOT RESPONSIBLE FOR TRANSPORTATION PROBLEMS. CREDITS FOR POOR CONDITION OF THE FLOWERS MUST BE REQUESTED WITHIN 24 HOURS INCLUDING THE FARM, FLOWER VARIETY AND BOX #. FRAGRANCE GLOW RESERVES THE RIGHT TO REQUIRE PICTURES AND/OR THE RETURN OF THE FLOWERS.

WE HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER AUTHORIZE FRAGRANCE GLOW TO VERIFY ANY AND ALL REFERENCES I/WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE MY/OUR CREDIT CAPABILITIES.

ALL OWNERS AND/OR OFFICERS MUST SIGN THIS APPLICATION:

AUTHORIZED SIGNATURE _____ POSITION _____

PRINTED NAME _____ DATE _____

AUTHORIZED SIGNATURE _____ POSITION _____

PRINTED NAME _____ DATE _____

AUTHORIZED SIGNATURE _____ POSITION _____

PRINTED NAME _____ DATE _____

PERSONAL GUARANTY

IN CONSIDERATION OF CREDIT BEING EXTENDED BY FRAGRANCE GLOW TO THE ABOVE COMPANY BY THE UNDERSIGNED'S REQUEST I (WE) JOINTLY, SEVERALLY AND UNCONDITIONALLY GUARANTEE THE FULL AND PUNCTUAL PAYMENT WHEN DUE OF ALL INDEBTEDNESS NOW OR HEREAFTER OWING BY THE COMPANY AND PERSONALLY GUARANTEE TO FRAGRANCE GLOW THE PAYMENT OF ANY OBLIGATIONS OF THE COMPANY WHENEVER THE COMPANY SHOULD FAIL TO PAY THE SAME.

AUTHORIZED SIGNATURE _____ PRINTED NAME _____

AUTHORIZED SIGNATURE _____ PRINTED NAME _____

AUTHORIZED SIGNATURE _____ PRINTED NAME _____

A NOTE TO OUR CUSTOMERS

THANK YOU FOR TAKING TIME TO FILL OUT THIS APPLICATION. WE AT FRAGRANCE GLOW SINCERELY APPRECIATE YOUR INTEREST IN OUR PRODUCTS. WE LOOK FORWARD TO SERVE YOU AND REWARDING BUSINESS RELATIONSHIP WITH YOU. IT IS OUR UTMOST GOAL TO PROVIDE THE VERY BEST PRODUCT AND SERVICE TO OUR CUSTOMERS.

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