

CREDIT APPLICATION AND AGREEMENT

Please completely fill up the application form, sign and email a scanned copy to us. All information submitted will be held in the strictest confidence for credit assessment purposes only. Clear scanned copy of the form will only be accepted. Processing usually takes 2 to 3 business days. Please send to sales@floriusflowers.com

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: _____ Fax No.: _____

Type of Business: Wholesaler Bouquet Maker Broker Mass-market Retailer
 Other _____

Mailing address if different from above:

Address: _____

City: _____

State: _____ Zip Code: _____

Authorized Buyer: _____

E-Mail Address: _____

Phone (incl. Ext): _____

Accounts Payable: _____

E-Mail Address: _____

Phone (incl. Ext): _____

BUSINESS STRUCTURE:

Corporation LLC Partnership Proprietorship

If Incorporated, State of Incorporation: _____

Date Business Started: _____

Federal Tax ID No.: _____

Names of officers or partners: 1. _____ Title: _____

2. _____ Title: _____

3. _____ Title: _____

Name of Parent Company, If Subsidiary: _____

Address: _____

Telephone: _____

Have you ever filed for bankruptcy? Yes No

If you have answered "YES" complete the following:

Date of Bankruptcy: _____ City: _____ State: _____

Bankruptcy No.: _____ Disposition: _____

BANK REFERENCE:

Name of Bank: _____

Address: _____

Phone: _____

Account No.: _____

Contact at the bank: _____

TRADE REFERENCES:

Please list three (3) large International Flower Growers and or Miami Flower Suppliers

Name of Company #1: _____

Address: _____

City: _____ Country or State: _____

Phone: _____

Email: _____

English speaking contact: _____

Trade relation since _____

Name of Company #2: _____

Address: _____

City: _____ Country or State: _____

Phone: _____

Email: _____

English speaking contact: _____

Trade relation since _____

Name of Company #3: _____

Address: _____

City: _____ Country or State: _____

Phone: _____

Email: _____

English speaking contact: _____

Trade relation since _____

I authorize SKF Import Inc. to contact my bank and trade references during the credit review process and periodically thereafter to update the credit file.

AGREEMENT TO TERMS:

1. If credit is being **requested**, I understand that SKF Import Inc. may investigate my financial status and the company's, and may request additional documents. If credit is **granted**, SKF Import Inc. reserves the right to revoke credit at any time.

2. It is understood that payment terms are at the end of every month for the previous month's purchases.

3. Wire payments need to be send to Beneficiary Bank: Rabobank N.A., 146 W. Los Angeles Ave, Moonpark, CA 93021.
Account holder: SKF Import Inc., Beneficiary Account Number 9392899090, SWIFT/BIC: RABOUS66, Fedwire/ABA/Routing number: 122238420.

4. If you would like us to pay by check, please make it payable to: "SKF Import Inc.", and send it directly to the lockbox address below:

a. **Lockbox For First Class Mail:**
SKF Import Inc.
DEPT 3439 PO BOX 123439
DALLAS TX 75312-3439

b. **Street address for UPS, FedEx, Courier, Etc.:**
SKF Import Inc.
DEPT 3439 PO BOX 123439
888 S. Greenville Ave STE 200
Richardson, TX 75081-5044

5. Checks returned for insufficient funds or uncollected funds will be subject to a **USD 25** returned check fee.

6. If your account is turned over to a collection agency or an attorney for collection, you agree to pay all costs of collection and court expenses, including reasonable attorney fees and costs, including trial and any appellate proceedings. Additionally, the venue for any legal proceedings, which may occur between SKF Import Inc. and company shall reside in Palm Beach County, Florida.

7. Please refer to our General Terms and Conditions for additional terms – [SKF General Terms and Conditions](#)

In signing this agreement I verify that the information provided is true and accurate

Owner's/Officers Signature: _____ Title: _____

Name: _____ Date: _____