



Your Personal Florist

8053 S. Madison Ave.
 Indianapolis, IN 46227
 www.FlowersByValerie.com

Instructions

1. This application is for Net30 Business Accounts only. If you want to establish a Credit Card Account you will need a different form.
2. Complete all boxes and carefully read the terms.
3. Have an authorized representative sign at the bottom.
4. Fax the application to 317-536-9238 or it may be mailed or dropped off at the address to the left.

Net 30 Business Account Application

| Legal Name: | | |
|--|-----------------------|---------------|
| DBA Name: | | |
| Billing Address: | | |
| Billing Address: | | |
| City: | State: | Zip: |
| Billing Contact: | Phone Number: | Fax: |
| This business is a: (circle one) Corporation Proprietorship Partnership | | |
| Date Established: | Federal Tax ID: | |
| Will purchases be tax exempt: Yes / No | If yes, State Tax ID: | |
| Bank Name: | Account #: | Phone Number: |
| Principal Owners/Officers | | |
| Name: | Title: | |
| Name: | Title: | |
| Name: | Title: | |
| Name: | Title: | |

Payment Terms: Invoices are due and payable thirty days from invoice date. Payments must be postmarked by the due date to avoid penalties. For all invoices not paid in full within thirty days, a late payment penalty in the amount of \$5.00 will be charged to your account and interest will be calculated on the full amount of the invoice at the rate of one and one half percent (1.5%) per month or eighteen percent (18%) annually until it is paid in full. All payments shall be applied to the oldest invoice first. Terms of this account may be changed from time to time and you will be notified of any changes by written notice. I have read and understand the account terms and authorize any above references to provide Flowers by Valerie information relevant to opening a charge account. I attest that I am authorized on behalf of the applicant to bind the applicant to the above terms.

Signed: _____ Printed: _____ Title: _____

Date: _____