



EVERFLORA ACCOUNT APPLICATION

2582 Long Lake Road
Roseville, MN 55113
Tel 651-313-7177

Thank you for your interest in doing business with Everflora Twin Cities. For your convenience and to service you more efficiently and completely, we encourage you to establish an account. All information will be held in strict confidence. Completion of this form does not guarantee an account.

COMPANY INFORMATION (Must be provided for all account types)

COMPANY NAME		TELEPHONE	AFTER HOURS PHONE	FAX	BUSINESS EMAIL
BILLING ADDRESS		CITY	STATE		ZIP
SHIPPING ADDRESS		CITY	STATE		ZIP
SPECIAL DELIVERY INSTRUCTIONS			FEDERAL ID NUMBER (FEIN):		STATE RESALE PERMIT OR ID NO:
LEGAL STATUS: (circle one) Sole Prop. Partnership Corporation LLC		DATE ESTABLISHED	UNDER PRESENT OWNERSHIP SINCE		Note: You must provide a copy of your tax exempt certificate or complete the Everflora Tax Exempt Certificate Form.
TYPE OF BUSINESS (IF OTHER, EXPLAIN) (Circle One) Wholesale Retail Event Other				Email Address to Send Invoices & Statements	
OFFICERS/OWNERS NAMES	TITLE	HOME ADDRESS	CITY, STATE ZIP	HOME PHONE	PERSONAL EMAIL
AUTHORIZED BUYER(S)		BUYER PHONE	BUYER MOBILE	BUYER FAX	BUYER EMAIL
ACCOUNTS PAYABLE CONTACT		IS A/P ADDRESS SAME AS BILLING ADDRESS?	A/P DIRECT PHONE	A/P FAX	A/P EMAIL

Have you ever claimed bankruptcy? Yes No (Circle one) If so, under what name and year?

We understand that payment is to be made within terms granted and all past due balances over 30 days are subject to 1.5% interest charge per month. Any claims between the parties will be governed by the law of the State of Illinois. It is further agreed that in the event court action is required to enforce this agreement, that suit may be filed in Cook County, Illinois at the option of **BDC Chicago LLC dba Everflora Twin Cities**. I have read, understand, and accept the above terms, and have provided true information to the best of my knowledge. I further authorize **BDC Chicago LLC dba Everflora Twin Cities** to verify any and all references that we have given that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies. The person signing below acknowledges that he or she is authorized to sign on behalf of the customer.

Company _____
Signature _____ Date _____
Print Name _____ Title _____

PERSONAL GUARANTEE

In consideration of any credit extended, existing and future, I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by:

(firm name) _____ incurred for merchandise furnished by **BDC Chicago LLC dba Everflora Twin Cities**, plus service (finance) charges, and collection fees, NSF fees and all attorney fees where applicable. Such guarantee shall remain in force until its revocation is acknowledged in writing to **BDC Chicago LLC dba Everflora Twin Cities**. Such revocation shall not affect indebtedness incurred prior to receipt of written notice. We reserve the right to file suit in any county convenient to **BDC Chicago LLC dba Everflora Twin Cities**, including but not limited to Cook County, Illinois. This personal guarantee is

INDIVIDUAL _____
Signature _____ Date _____ Print Name _____ Driver's License No _____ State _____ Social Security No _____

INDIVIDUAL _____
Signature _____ Date _____ Print Name _____ Driver's License No _____ State _____ Social Security No _____

INDIVIDUAL _____
Signature _____ Date _____ Print Name _____ Driver's License No _____ State _____ Social Security No _____



EVERFLORA CREDIT/DEBIT CARD AUTHORIZATION

Everflora offers you the convenience of paying for your purchases by credit and/or debit card. If you elect to pay your account by credit or debit card, you must complete this form, sign it, fax, email or mail the original complete and signed form to:

BDC CHICAGO LLC dba EVERFLORA TWIN CITIES

Attn: Accounting Department
 2582 Long Lake Road
 Roseville, MN 55113
 Phone: 651-313-7177

The following constitutes the terms and conditions of the automatic billing agreement for credit card and/or debit card payment. Once executed, it applies to all Everflora accounts under your account name, until cancelled in writing to **BDC Chicago LLC dba Everflora Twin Cities**

I, _____,
 (print name exactly as printed on card) cardholder and authorized user of the below listed credit card:

1. Authorize BDC Chicago LLC dba Everflora Twin Cities to charge the credit/debit card account listed below for any and all purchases made by me or an authorized representative from me and/or my company.
2. Payments will be charged to my credit/debit card automatically without prior notification or additional approval.
3. Agree to make payment according to my credit and/or debit card terms agreement.
4. Agree that this authorization is good for all orders and invoices until revoked by me in writing to

BDC Chicago LLC dba Everflora Twin Cities , for _____.
 (Print company/business name for which purchases are authorized).

Card Type: (Circle One) DEBIT or CREDIT	(Circle One) MasterCard Visa Discover American Express
Credit Card Number:	
Expiration Date: (Month/Year)	C.V. V. Security Code:
Billing Name: (Exactly as it appear on the card)	
Billing Company Name: (If a business name is printed on the card)	
Billing Street Address: (As it appears on the credit card statement)	
City, State, Zip Code: (As it appears on the credit card statement)	
Daytime Telephone Number:	Fax Number:
Email for Business Communication:	

 Cardholder Signature

 Date

 Print Name

 Title

BDC Chicago LLC dba Everflora Twin Cities will assume the above information is valid and correct until notified in writing.

Customer Number:



EVERFLORA TAX EXEMPTION CERTIFICATE

We are required by law to maintain a complete file of exemption certificates to substantiate the exempt sales we report on our Sales and Use Tax Returns.

In the absence of an exempt certificate, the law compels us to consider all sales to you subject to tax. For this reason, we are enclosing a Certificate of Exemption for your completion. If your purchases from us are exempt from tax, please complete the certificate listing your STATE REGISTRATION NUMBER.

This certificate will encompass all past and future purchases. Your early reply and cooperation in this matter is appreciated.

This is to notify BDC Chicago LLC dba Everflora Twin Cities that all of our purchases from them are for the purposes of **resale** only.

STATE RESALE TAX NUMBER: _____

REGISTERED TO: _____ DBA: _____

SIGNATURE OF OWNER: _____ DATE: _____

NAME OF FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE (Please include Area Code): _____ FAX: _____

EMAIL _____

OWNER-PARTNER-OFFICERS (Please Print):

NAME *TITLE* *DRIVER'S LICENSE NO.* *DATE OF BIRTH*

_____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

Everflora Twin Cities sells to resale customer only. We do not collect sales tax and we will not sell to any person or company that does not provide a tax exemption certificate.

THIS IS *NOT* AN APPLICATION FOR CREDIT

FOR OFFICE USE ONLY:

Customer Number: _____



EVERFLORA ACH AUTHORIZATION

Everflora offers you the convenience of paying for your purchases by Automated Clearing House (ACH) debit. If you elect to pay your account by ACH debit, you must complete this form, sign it, fax, email or mail the original complete and signed form to:

BDC CHICAGO LLC dba EVERFLORA TWIN CITIES

Attn: Accounting Department
2582 Long Lake Road
Roseville, MN 55113
Phone: 651-313-7177

The following constitutes the terms and conditions of the automatic billing agreement for ACH payment. Once executed, it applies to all Everflora accounts under your account name until cancelled in writing to **BDC Chicago LLC dba Everflora Twin Cities**.

I, _____,
(Print Name of Authorized Signer on Bank Account)

1. Authorize BDC Chicago LLC dba Everflora Twin Cities hereinafter called the ACH Originator, to initiate **DEBIT** entries and to initiate, if necessary, **CREDIT** entries and adjustments for any debit entries in error to the account indicated below and the Bank named below, hereinafter called Bank, to debit same to such account.
2. Payments will be debited to my bank account automatically without prior notification or additional approval.
3. Agree that this authorization is good for all orders and invoices until revoked by me in writing to

BDC Chicago LLC dba Everflora Twin Cities for _____.
(Print company/business name for which purchases are authorized).

Bank Name
Bank Branch
Bank City, State, Zip Code
Company or Individual Name
Company Federal ID No or Individual Social Security No
Bank Transit / ABA Number
Bank Account Number

This authority is to remain in full force and effect until ACH Originator has received written notification of termination of this agreement in such time and in such manner as to afford ACH Originator and Bank a reasonable opportunity to act on it..

Signature - Must be an authorized signer on the above listed bank account and authorized to enter into an ACH agreement on behalf of the company/business.

Date

Print Name

Title



EVERFLORA GENERAL INFORMATION

INVOICES

Unless otherwise requested, your invoices will be placed in a waterproof envelope and attached to a box in your shipment. Your invoice will also be faxed to your business fax machine. If we cannot provide an invoice with the shipment, a packing list will be sent and your invoice will be processed and faxed the next day.

Please select your preference for receiving your invoices below.

SELECT YOUR PREFERENCE FOR RECEIVING YOUR INVOICES AND STATEMENTS

- FAX NUMBER: _____ EMAIL ADDRESS: _____
- ONLY SEND WITH SHIPMENT SEND WITH SHIPMENT AND FAX OR EMAIL
- OTHER (explain)

PRICING

Daily, monthly and yearly pricing available. All pricing is subject to change due to availability and weather conditions. Please contact your salesperson to set up your preference to receive pricing. Most price lists are faxed or emailed.

FREIGHT, BOX AND TRANSFER CHARGES

All prices are quoted delivered to your door. There is no minimum order however a freight charge will be added to your invoice based on the invoice value. Your salesperson can provide our current freight schedule.

CLAIMS AND ADJUSTMENTS

Please count the number of pieces prior to signing for your shipment and verify that you have received the correct number of pieces. Please inspect boxes for damage and report the damage to the delivery company immediately. Always make a notation of damage when signing for a shipment. If there is any dispute, please contact Everflora for instructions.

Important - Never dump product that you plan to claim. We may ask you to return the product to us so that we can inspect and photograph it. Whenever possible, take photos and email to your salesperson. In addition, please save your box labels and lids when making a claim as they have important information that will help expedite your claim.

All of our product is 100% guaranteed. If you encounter a problem, please call us promptly and we will arrange for a next day replacement or issue a credit.

FUEL SURCHARGES, DUTY RATE & US DOLLAR EXCHANGE RATE

Fuel surcharges, duty rates and changes in the US dollar exchange rate could result in additional charges.

I have read, understand, and accept the above terms.

Company Name

Signature

Print Name

Date

Title