



Marvin's
Wholesale Florist

CREDIT APPLICATION

Marvin's Wholesale Florist
1407 North Harding
Indianapolis, IN 46202

317-267-0660
800-733-0249
FAX 317-267-0667

Exact Company Name: _____
Mailing Address: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Business Phone: _____ Fax: _____
Federal ID#: _____ Tax Status Resale ___ Contractors Exempt ___ Exempt Organization ___

PLEASE FORWARD EXEMPT CERTIFICATE WITH COMPLETED APPLICATION

Year Business Started: _____ Years at Present Location _____
Type of Organization: Individual _____ Partnership _____ Corporation _____
Resale Number: _____

OFFICERS/PARTNERS

Name	Title	Home Address	SS#(must have)	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANKING REFERENCES (INCLUDE ACCOUNT # AND CONTACT)

Checking: _____
Account # _____

Savings: _____
Account# _____

TRADE REFERENCES

1st Firm _____ Phone #: _____
2nd Firm _____ Phone #: _____
3rd Firm _____ Phone #: _____
Vehicle ID# _____ Lic.# _____ Make _____ Model _____
Year _____

CREDIT LIMIT REQUESTED:

In making this application for credit, the customer acknowledges receipt of Marvin's terms of sale and agree to pay all invoices within Marvin's terms (All accounts are due on the 15th of the month for purchases thru the end of the previous month.) and to pay a service charge of 1 1/2% per month, which is an annual percentage rate of 18% of all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney fees and costs including attorney's fees for appeal.

I, the undersigned, hereby personally, jointly and severally guarantee(s) payment of all invoices and other charges as set forth above for the above noted firm and understand payments on accounts will be applied against the oldest open invoices.

PERSONAL GUARANTEE OF _____ Date: _____

Signature: _____ Printed Name: _____

Signature: _____ Printed Name: _____