

LYNCHBURG WHOLESALE FLORAL CORPORATION
2004 MEMORIAL AVENUE
P.O. BOX 1235
LYNCHBURG, VA 24505
434-845-9095

CREDIT APPLICATION

NAME OF BUSINESS _____
VIRGINIA SALES TAX NUMBER _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # AREA CODE _____ NUMBER _____

OWNERS NAME _____
SOCIAL SECURITY NUMBER _____ D.O.B. _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # AREA CODE _____ NUMBER _____

OWNERS NAME _____
SOCIAL SECURITY NUMBER _____ D.O.B. _____
STREET ADDRESS _____ P.O. BOX _____
CITY _____ STATE _____ ZIP _____
TELEPHONE # AREA CODE _____ NUMBER _____

REFERENCES:
BANK _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____ ACCOUNT NUMBER _____

BUSINESS REFERENCE _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

BUSINESS REFERENCE _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE NUMBER _____

TERMS FOR ACCOUNTS: YOUR ACCOUNT IS DUE WHEN INVOICED. YOU MAY PAY WITH A CHECK OR WE WILL PROCESS YOUR CREDIT CARD ON FILE EVERY 7 DAYS. IF YOUR CARD IS DENIED FOR ANY REASON, WE WILL CALL YOU AND EXPECT A CHECK IN FULL WITHIN 24 HOURS. WE MUST HAVE A CURRENT CREDIT CARD ON FILE. PLEASE COMPLETE AND MAIL WITH SALES TAX FORM, GUARANTEE AND CREDIT CARD INFO. THANK YOU.

I GIVE YOU PERMISSION TO VERIFY ALL INFORMATION ON THIS FORM. I HAVE READ YOUR TERMS FOR ACCOUNTS AND AGREE TO ABIDE BY THEM.

OWNERS SIGNATURE: _____ DATE: _____