



10900 West Belmont Avenue Suite 300 Franklin Park, IL 60131
Telephone 847-260-4400 Fax 847-260-4499

We value your business and look forward to developing a long term relationship. We are confident that our experienced team can assist you in putting together a program to meet your current and future purchasing needs.

Please complete, sign and return the enclosed forms to your Everflora salesperson by mail, fax or email.

1. Credit Application (*must be filled out even if you're not applying for credit*)
2. Credit Policy
3. Tax Exempt Form
4. General Information
5. Credit Card Authorization (if applicable)
6. ACH Agreement (if applicable)

Please also provide us with:

1. A copy of your 'Certificate of Registration' (sales tax number) and
2. A copy of your driver's license

This is a confidential process.

Processing of these forms can take up to two weeks. Accurate and complete information helps expedite the application process. If you are applying for credit, it is contingent on the credit rating you have established with your existing creditors. In addition, the business must be established under current ownership for one (1) full year. Should we be unable to obtain satisfactory information it is our policy that new customers be set up on COD terms (via Credit Card Payment or ACH Payment) for one (1) full year. Please understand that without adequate trade references we cannot process your application for Net 30 terms. Consequently it is very important to have your creditors listed.

We appreciate your time to complete our application paperwork and we look forward to a long and prosperous relationship as partners in this exciting and rewarding industry.

Sincerely,

EVERFLORA

10900 West Belmont Avenue Suite 300 Franklin Park, IL 60131
Phone 847-260-4400 Fax 847-260-4499



EVERFLORA ACCOUNT APPLICATION

We welcome your interest in doing business with BDC Chicago LLC dba Everflora. For your convenience and to service you more efficiently and completely, we encourage establishment of an open account. All information will be held in strict confidence. The extent to which this application is completed will assist us in determining the extent of your line of credit. Completion of this form does not guarantee an open account with BDC Chicago LLC dba Everflora.

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 SHIPPING INSTRUCTIONS			HOURS OF OPERATION	STATE RESALE PERMIT OR ID NO:	
LEGAL STATUS: (circle one) Sole Prop. Partnership Corporation LLC		DATE ESTABLISHED	FEDERAL ID NUMBER (FEIN):		UNDER PRESENT OWNERSHIP SINCE
BUSINESS PROPERTY OWNED Yes No	SQUARE FT	TYPE OF BUSINESS (IF OTHER, EXPLAIN) Wholesale Retail Other			
LEASED FROM			PHONE	FAX	EMAIL
OFFICERS/OWNERS NAMES	TITLE	SOCIAL SECURITY	HOME ADDRESS	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?					

BANK INFORMATION (Must be provided for all account types)

NAME AND BRANCH		ADDRESS, CITY, STATE, ZIP			
NAME OF OFFICER YOU DEAL WITH		ACCOUNT NUMBER	PHONE	FAX	EMAIL

PROVIDE TRADE REFERENCES IF YOU WISH TO ESTABLISH AN OPEN ACCOUNT (List at least four)

NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX
ACCT #						
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX
ACCT #						
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX
ACCT #						
NAME	ADDRESS	CITY	STATE	ZIP	PHONE	FAX
ACCT #						



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

- 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

Date

Print Name

Title



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
Attn: Accounting Department
10900 West Belmont Avenue Suite 300
Franklin Park, IL 60131
Phone: 847-260-4400 Fax: 847-260-4499

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**.

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 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, for _____
(Print company/business name for which purchases are authorized).

Card Type: (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 will assume the above information is valid and correct until notified in writing.

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
Attn: Accounting Department
10900 West Belmont Avenue Suite 300
Franklin Park, IL 60131
Phone: 847-260-4400 Fax: 847-260-4499

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**.

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

1. Authorize BDC Chicago LLC dba Everflora 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, 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
Transit / ABA Number
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

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



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 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 (Optional): _____

OWNER-PARTNER-OFFICERS (Please Print):

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

_____ PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION

If the State Resale Tax Number is being applied for, sales tax will be charged until we receive the Resale Tax Number. If we receive the form within 30 days we will write off the sales tax, but will not write off more than 30 days worth of sales tax.

THIS IS NOT AN APPLICATION FOR CREDIT

FOR OFFICE USE ONLY:

Customer Number: _____

Salesperson Name & Number: _____



EVERFLORA CREDIT POLICY

Generally, the following criteria apply to the granting of credit:

1. The Credit Application must be completed in full including trade references, an authorized signature by an owner or officer and a date.
2. For credit to be extended, a business must be established under current ownership for one (1) full year. Should we be unable to obtain satisfactory information, new customers must be set up on COD terms with our Company for one (1) full year. The COD payment must be made by either Credit Card or ACH payment, unless an approved payment is received prior to delivery. A fully completed Credit Card Authorization form or an ACH Authorization form must be received by Everflora prior to shipping your order.
3. Payment of an open account is due by the 15th of the month following the month the purchase is made. If the monthly statement shows a 30 day balance, Everflora reserves the option to request COD status, at the discretion of the Corporate Credit Manager.
4. If the monthly statement shows a 60 day balance, it is the joint responsibility of the General Manager and the Corporate Credit Manager to put the account on COD terms, and work out terms and conditions to collect the past due amount.
5. If the monthly statement shows a 90 day balance, the account will be collected by whatever means are deemed necessary (attorneys, collection services, etc.). Should it become necessary to procure the services of collection agencies/attorneys to collect delinquent invoices, the purchaser agrees to pay all fees and charges incurred both pre and post judgment. We reserve the right to file suit in any county convenient to Everflora, including but not limited to Cook County, Illinois.

CHECK APPROVAL

1. No temporary check or checks with numbers under 300 will be accepted. Checks must have account name and information printed on the face of the check. We do not accept third party checks.
2. In the event a check is returned by the bank, a fee will be charged. If two or more checks are returned unpaid, Everflora reserves the right to put the account on a cash only basis for one year.

CHANGE IN OWNERSHIP / CHANGE IN NAME OF BUSINESS

If there is a change in ownership of an existing account or a change in the business name, a new 'Application Packet' must be completed and submitted to Everflora.

The undersigned understands and agrees to the above terms.

OWNER'S SIGNATURE: _____ DATE: _____
PRINT NAME: _____
FIRM NAME: _____