



**EVERFLORA (Primary Location)**  
10900 Belmont Ave Suite 300, Franklin Park, IL 60131  
Phone: (847) 260-4400 Email: info@everflora.com

**EVERFLORA Twin Cities**  
2582 Long Lake Rd, Roseville, MN 55113  
Phone: (651) 313-7177 Email: info@everflora.com

Welcome!

Thank you for your interest in opening an account with Everflora. We are confident you will be pleased with your decision. Our company has over 70 years proven experience as a leading family owned wholesale florist and importer/distributor earning us a solid reputation both in the floral industry and with our customers. Our goal is to meet your high expectations and be your "one stop shop" for the freshest cut flowers, plants and supply needs, provided with the highest quality service possible.

Please complete, sign and return the enclosed forms to Everflora.

Enclosed you will find:

- Confidential Customer Account Application
- ACH / Credit Card Authorization Form
- Go Green Enrollment
- State Certificate of Resale Form

In addition to these completed forms, we also need:

- Copy of Business Certificate of Registration (showing sales tax number)
- Copy of Applicant(s) Driver's License

We look forward to investing in your success by providing exemplary service and knowledge of the floral industry while focusing on improving the quality, cost and timeliness of the products you depend on to achieve your success.

Sincerely,

**Your Everflora Team**

*Scott LaPlant*

General Manager



**CONFIDENTIAL CUSTOMER  
ACCOUNT APPLICATION**

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**COMPANY INFORMATION**

Registered Legal Name \_\_\_\_\_  
 Business Name (if different from above) \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Year Established \_\_\_\_\_ Federal Tax ID \_\_\_\_\_  
 Email \_\_\_\_\_ Under Current Ownership since \_\_\_\_\_  
 Shipping Address  Same as billing address above (If your billing address is a Post Office box, be sure to include your full street address below)  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please check appropriate tax classification:  
 Sole proprietorship  
 Partnership  
 Corporation  
 Other  
 Type of Business (check one)  
 Retail  Wholesale  
 Other (specify)

**PROPRIETOR, PARTNERS OR OFFICERS**

Name (Applicant 1)	Title	Home Address	City, State, Zip	Mobile Phone	Soc Sec #	Driver License #

**TERMS, CREDIT AND RETURN POLICY**

- Everflora (Bill Doran LLC, hereinafter BDC) requires a Customer Application be fully completed and signed by the proprietor, partners or officers.
- Buyers will be set up on COD Terms for one (1) full year. For credit to be extended, a business must be established under current ownership for one (1) full year and successfully maintain the COD Terms with Everflora (BDC) for a minimum of one (1) full year.
  - No temporary checks will be accepted. Checks returned from the bank for insufficient funds or stop payment are subject to a fee.
  - Once credit is extended, payment of an open account is due by the 15th of the month following the month the purchase is made. A finance charge will be computed on all accounts not paid in 30 days at the rate of 1.5% per month—18% per annum.
  - Everflora (BDC) reserves the option to revert a past due account to COD Terms, revoke credit, demand payment in full, and/or reduce the credit line amount.
  - The Buyer agrees to pay attorney’s fees and cost of collection on any past due bill, regardless of whether judicial action is undertaken.
  - Everflora (BDC) reserves the right to file suit in any county convenient to Everflora (BDC), including but not limited to Winnebago and Cook County, IL.
  - In the event that the State disallows the Buyer’s exemption from sales tax, the Buyer agrees to reimburse the Seller for the amount of tax involved.
  - Any and all claims for defective and/or non-conforming product shall be limited to a credit of up to invoiced amount of such product. All claims for consequential damages arising out of the sale or delay in delivery of products is waived.
    - CUT FLOWERS: Claims for cut flowers must be made within 24 hours of receipt thereof, however, no credit shall be due without prompt and timely return of all such product. If product is not returned, photos of all claimed product, including photos of box labels, must be emailed or texted within 24 hours of receipt thereof.
    - SUPPLIES: Returns must be accompanied with invoice within 1 week of purchase. Holiday merchandise must be returned two weeks before the holiday.

\_\_\_\_\_  
Owner/Applicant Signature

\_\_\_\_\_  
Date

**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 incurred for merchandise furnished by Everflora (Bill Doran LLC, aka BDC) plus service (finance) charges, collections fees, NSF fees and all attorney fees where applicable. Such guarantee shall remain in force until its revocation is submitted in writing to the corporate office of Everflora (Bill Doran LLC, aka BDC) and acknowledged in writing by the Everflora (Bill Doran LLC, aka BDC). Such revocation shall not effect indebtedness incurred prior to receipt of written notice. This personal guarantee is covering all business(s) owned and operated by applicant(s).

\_\_\_\_\_  
Signature of Owner/Applicant 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner/Applicant 3

\_\_\_\_\_  
Date

Everflora and Everflora Twin Cities are dba's. Our legal business name is: Bill Doran LLC (aka BDC)  
 All credit card, debit card, and ACH payments will process on your credit card and/or bank statement as our legal entity name:  
**Bill Doran LLC Corporate Office Address 619 W Jefferson St, Rockford, IL 61103**



# ACH / CREDIT CARD AUTHORIZATION FORM

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## COMPANY INFORMATION

Registered Legal Name \_\_\_\_\_  
Business Name (if different from above) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Accounts Payable Contact Name \_\_\_\_\_  
Accounts Payable Email \_\_\_\_\_

Everflora Use Only	
Account #	_____
Branch:	_____

## ACH INFORMATION

Bank Name \_\_\_\_\_  
Bank Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account     Checking     Savings  
Nine Digit Routing Transit Number / ABA Number \_\_\_\_\_  
Account Number \_\_\_\_\_  
Name on Bank Account \_\_\_\_\_

## CREDIT CARD INFORMATION

Name (as it appears on card) \_\_\_\_\_  
Card Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Type of Account     American Express     Visa     Mastercard     Discover  
Last Four Digits of Card Number \_\_\_\_\_  
Expiration (mm/yy)    \_\_\_\_ / \_\_\_\_  
CVV Number\* \_\_\_\_\_

*\* 3 digit security code on back of Visa, Mastercard and Discover; 4 digit security code on front of American Express*

## AUTHORIZATION

I, a duly authorized officer of the Company, hereby authorize Everflora (Bill Doran LLC, hereinafter BDC) to initiate debit entries to the bank account listed on this form and/or charge the credit card or debit card for my purchases. I also authorize payment for all goods purchased by representatives/employees working for above listed business name. I understand that my information will be saved on file for future transactions on my account. Personal and/or Business Credit Cards are authorized for payment to Everflora (BDC).

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

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**STATEMENTS**

I would like to join Everflora (BDC) in its Go Green efforts and elect to have my monthly statements emailed to the address listed below. I may change this election at any time by providing written notice to the accounts receivable department at the corporate office.

Registered Legal Name \_\_\_\_\_

Business Name *(if different from above)* \_\_\_\_\_

E-mail Address \_\_\_\_\_

Everflora Account # \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Business Owner

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Date

**MARKETING**

I would like to participate in Everflora’s (Bill Doran LLC, hereinafter BDC) Go Green Marketing efforts. By providing an email and/or mobile phone number below, I am opting to receive special offers and promotions from Everflora (BDC). I may opt out of this program at any time. It is Everflora’s (BDC’s) policy not to share any personally-identifying material obtained through this program with any third party.

Yes, I would like to receive marketing information from Everflora via email.

E-mail Address: \_\_\_\_\_

Yes, I would like to receive marketing information from Everflora via text message.

Mobile Phone: \_\_\_\_\_