



Hartford Florist Supply

60 Douglas St. Bloomfield, CT 06002
Phone 860.769.7970 | Fax 860.769.7976

CREDIT APPLICATION

Company Name _____ Date _____

Division of D/B/A _____

Address _____ City _____ State _____ Zip _____

Mailing Address If Different _____

Telephone # _____ Fax# _____ E-Mail _____

Company Structure Corporation _____ Partnership _____ LLC _____ Proprietorship _____

Date Business Was Started _____

Responsible Parties (Owners / Partners / Officers / Members)

Name	Title	Address	Phone	S.S. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Accounts Payable Contact _____ Phone _____

Credit Amount Requested _____ CT. Sales Tax # _____ Fed. Tax Id # _____

Have You Ever Filed for Bankruptcy? _____ When and Under What Name _____

Bank References

Name _____ Phone _____ Acct # _____

Authorized Signer on Account _____ Bank Contact _____

Trade References

Company Name _____ Phone _____ Fax _____

Address _____ Contact Name _____

Company Name _____ Phone _____ Fax _____

Address _____ Contact Name _____



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In making this application for credit, I/we, hereby agree that all amounts are payable on or before 30 days from the invoiced date, and if not paid on or before said date, are then delinquent. Further, I/we, agree to pay a delinquent charge of 1 1/2 % per month (18% annum) on any amount which becomes past due more than 30 days from the invoiced date, and therefore on all such delinquent amounts until paid to current. I/we understand that all orders will be shipped COD, pre-paid, or credit card guarantee until such time as credit has been approved. I/we authorize HFS to check all business credit history, along with all responsible parties through any available sources. Notification will be given upon credit approval. When credit is extended, I/we agree to the terms set forth and accept responsibility for payment of the account. I/we also acknowledge personal responsibility for payment of the debts incurred by said company. I/we agree that in the event of any change of ownership, or sale of said business, all debts owed to HFS, Inc. are to be settled prior to any transfer of ownership, or sale of listed business by the responsible parties listed below. I/we acknowledge the credit claims process for product purchased at HFS, Inc. All claims for credit must be made by phone 24 hours after receipt of product, and a written credit request must be received by mail, fax, or email within 48 hours. All product for which credit is requested must be available for pick-up and return immediately, and returned in the condition in which it was received. (i.e.- wrapped, banded, and uncut). No claims can or will be honored when the above mentioned procedures are not followed. Person signing this must an owner, partner, officer, or member

Name _____ Title _____

Signature _____ Date _____

In consideration of you extending credit to the above firm at my/our request, I/we, jointly and individually hereby irrevocably, absolutely, and unconditionally personally guarantee payment of all of their obligations to Hartford Florist Supply, Inc. The undersigned hereby agrees that in the event of any default by the above firm, or by the responsible parties of the above firm, creditor (HFS, Inc.) shall be entitled to full payment of debt owed and to proceed against the undersigned for such payment without prior demand or notice. The undersigned further agrees to pay all costs and expenses related to collections, including attorney's fees incurred by creditor in the enforcement of this guarantee.

In Good Faith: Guarantor _____

Signature _____ Date _____



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Credit Card Authorization

Credit Card Number _____

Expiration Date _____ Security Code (CVV) _____

Billing Address _____ City _____ State _____ Zip _____

Credit Card Type _____ Issuing Bank Contact Number (800) _____

Authorized Card Holder / Signer _____

Credit Limit _____

I agree to authorize Hartford Florist Supply, Inc. of 60 Douglas St, Bloomfield, CT 06002 to charge any outstanding balances past the net 30 days of invoice terms to the above indicated card. I also authorize Hartford Florist Supply, Inc. to charge the amount of any NSF checks issued by my firm/ account plus bank fees to this credit card number. I submit that I am the authorized card holder and signer of the above indicated card account and authorized signer for the below indicated business. I personally guarantee payment in full to Hartford Florist Supply, Inc. for any outstanding balances and fees incurred by the company listed below by any declined amounts charged to this account.

Company Name _____

Card Holder / Authorized Signer _____

Date _____



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

I certify that Name of Firm (Buyer) is engaged as a registered

() Wholesaler

Street Address or P.O. Box No.

() Retailer

() Manufacturer

() Lessor

() Other (specify)

City

State

Zip

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

.....
.....

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

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City or State

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I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature

(Owner, Partner or Corporate Officer)

Title

Date