



Flower Essence Services

P.O. Box 1769, Nevada City, CA 95959 Phone: 800-548-0075 Fax: 530-265-6467

BUSINESS CREDIT TERMS AGREEMENT

Business Name: _____ Date: _____

Address: _____

City: _____ State: ___ Zip: _____

Owner/Manager: _____ # Years in Business: _____

Federal Tax ID # or Social Security #: _____

Business Phone: _____ Business Fax: _____

TRADE / SUPPLIER REFERENCES:

Name: _____ Phone: _____ FAX: _____

Address: _____

City: _____ State/Province: _____ Zip or Postal Code: _____ Acct No: _____

Name: _____ Phone: _____ FAX: _____

Address: _____

City: _____ State/Province: _____ Zip or Postal Code: _____ Acct No: _____

Name: _____ Phone: _____ FAX: _____

Address: _____

City: _____ State/Province: _____ Zip or Postal Code: _____ Acct No: _____

The undersigned is applying for credit with Flower Essence Services and agrees to abide by the terms and conditions set forth by this contract.

Credit terms are Net 30 days unless otherwise stated. All balances over 30 days are charged a finance charge of 1.5% per month, an annual percentage rate of 18%, which the undersigned agrees to pay. Legal fees required to collect delinquent accounts will be the responsibility of the undersigned. Returned checks are subject to a \$25.00 return check fee.

Signature of Financially Responsible Person: _____

(if incorporated, give state and date of incorporation and list President above) _____

Please Print the following information: Name of the signor above: _____

Home Address _____ Home Phone: _____

All information obtained is held in strict confidence.