

FLEURCO-US, Inc.
22-B Roland Avenue, Mount Laurel, NJ 08054
T: 856-778-0110 F: 888-854-1020

CREDIT APPLICATION

Company name: _____

Address: _____

Tel: _____ Fax: _____

Date business established: _____

Federal ID number: _____ PLEASE ATTACH COPY OF RESALE TAX CERTIFICATE

Name of bank: _____ Account no.: _____

Address: _____ Tel. _____

How long with bank: _____ Person to contact: _____

Amount of credit requested: _____

Business references:

Name	Address	Tel.	Fax.
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

Credit Term: Overdue balances will be subject to a finance charge of 2% per month or 24% per annum. It is understood that failure to comply with these terms shall be considered sufficient cause for cancellation of credit privileges.

I, THE UNDERSIGNED _____ (AUTHORIZED AGENT) AUTHORIZE MY FINANCIAL INSTITUTION TO REVEAL MY CREDIT REFERENCES ON MY ACCOUNT TO FLEURCO-US, INC. AND TO THE CREDIT BUREAU THAT DOES THE RESEARCH FOR THEM.

DATE

SIGNATURE

NAME PRINTED

FLEURCO-US

NEW ACCOUNT INFORMATION FORM

Fax or e-mail completed form to:

888-854-1020

miker@fleurco.com

Fleurco-US Account Representative * _____

Customer Discount * _____

Company Name : _____

DBA Name (if applicable): _____

Billing Address:

Street Address: _____

City/State/Zip: _____

Shipping Address:

Street Address: _____

City/State/Zip: _____

Branch Locations: _____

Phone # _____

Fax # _____

E-mail: _____

Sales Contact Person: _____

A/P Contact Person: _____

Resale Tax Certificate # _____