

# Decowraps

CONFIDENTIAL CREDIT APPLICATION

## GENERAL INFORMATION

Company Name: _____	DUNS#: _____
Address: _____	City: _____ State: _____ Zip Code: _____
Telephone 1: _____	Telephone 2: _____ Fax: _____
Email1: _____	Email2: _____
Buying Contact: _____	Accounting Contact: _____
Type of Company: Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Propiership: <input type="checkbox"/> Other: _____	
Year Company Established: _____	Employer ID #: _____ State sales tax ID #: _____
Desired Credit Limit: _____	Decowraps Sales Rep: _____

## OWNERS / PRINCIPLES / MEMBERS (If others, please list them on the back of this sheet.)

Name: _____	Name: _____
Email: _____	Email: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone(s): _____	Telephone(s): _____

## BANK REFERENCES

Bank: _____	Bank: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____	Telephone: _____ Fax: _____
Account #: _____ Contact: _____	Account #: _____ Contact: _____



**CONFIDENTIAL CREDIT APPLICATION**

**TRADE REFERENCES (Minimum of three from the flower industry)**

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

The undersigned certifies that s/he has the authority to submit this Confidential Credit Application and request credit on behalf of the entity which s/he represents. The undersigned certifies that all information provided in this application is true and correct. If the applicant is an entity, the undersigned individual personally guarantees prompt payment of all purchases and obligations. The undersigned further agrees that, unless otherwise expressly agreed to by all parties in writing, this application is made subject to the Terms and Conditions of Sale as stated on DecoWraps' website at [www.decowraps.com](http://www.decowraps.com), and the undersigned agrees to all Terms and Conditions of Sale. The undersigned agrees that s/he has reviewed DecoWraps' Terms and Conditions of Sale prior to signing this application.

M	D	Y
---	---	---

\_\_\_\_\_  
**Name (please print) Title (must be an officer) Authorized Signature Date**

**CREDIT AND SALES DEPARTMENT (For internal use only)**

Sales Rep. Name: \_\_\_\_\_  
 Expected Sales (1 Year): \_\_\_\_\_  
 Comments: \_\_\_\_\_

Credit Department Employee: \_\_\_\_\_  
 Recommended Credit Limit: \_\_\_\_\_ Recommended Terms: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Approved Credit Limit: \_\_\_\_\_ Approved Terms: \_\_\_\_\_  
 Credit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_