

Limited companies

Customer No:

FLOWERVISION LIMITED

CREDIT APPLICATION and PERSONAL GUARANTEE

The terms on which Flowervision Limited do business are printed on the reverse side of this credit application and personal guarantee. These terms can also be viewed on Flowervision's website

YOUR NAME	JOB TITLE
EMAIL	PHONE

BUSINESS INFORMATION AS REGISTERED			
COMPANY NAME			
ADDRESS		Landline	
		Mobile	
		Fax	
CITY	COUNTY	POSTCODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
INVOICE ADDRESS (if different from above)		Landline	
		Mobile	
		Fax	
CITY	COUNTY	POSTCODE	
LENGTH OF TIME AT CURRENT ADDRESS: _____ YEARS _____ MONTHS			
Registered Company Number:			

BANK INFORMATION		
(NB: by signing below you authorize us to approach your bank for a reference)		
BANK NAME	MANAGER NAME	
ADDRESS	PHONE	
CITY	COUNTY	POSTCODE
Name of Account:	ACCOUNT NUMBER	
BUSINESS REFERENCES		

Please provide us with the names of two other companies with which your business currently does business on a credit basis.
(NB: by signing below you authorize us to approach these companies for a reference)

1 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	COUNTY	POSTCODE	
COMMENTS			

2 COMPANY		CONTACT NAME	
PHONE		EMAIL	
ADDRESS		TITLE	
CITY	COUNTY	POSTCODE	
COMMENTS			

CREDIT AGREEMENT

1 | All invoices must be paid by the end of the week after purchase. This means that you can buy from Monday to Saturday, and we must receive payment by the following Friday.

2 | Any claims or queries regarding an invoice issued must be made within 24 hours of the date received.

3 | We accept payment by cash, credit/debit card and bank transfer only. We do not accept cheques unless you have written authorization from us.

4 | Failure to pay overdue amount after the Final written notice will incur Additional charges in the form of Debt collection fee. This fee will then be added to the Account.

COMPANY REPRESENTATIVES	
You must be:	
(a) a director of <i>[insert name of company]</i> (“the Company”)	
(b) authorized to enter into this agreement on behalf of the Company.	
1 SIGNATURE	DATE
NAME Home Address	

2 SIGNATURE	DATE
NAME Home Address	

PERSONAL GUARANTEE

In consideration of your agreeing to supply *[insert name of company]*("the Company")
I agree to pay any invoices which the Company does not pay

1 SIGNATURE	DATE
2 SIGNATURE	DATE

Data Protection Act 1999

Privacy Statement: Personal information provided to set up an account with Flowervision Limited will not be divulged to any third party without first obtaining your approval

NOTES & COMMENTS – Company use only