

Partnerships

Customer No:

FLOWERVISION LIMITED

CREDIT APPLICATION

The terms on which Flowervision Limited do business are available on Flowervision's Website at

<http://flowervision.co.uk/register/>

| | |
|-----------|-----------|
| YOUR NAME | JOB TITLE |
| EMAIL | PHONE |

| BUSINESS INFORMATION AS REGISTERED | | | |
|---|--------|---------------------------|--|
| PARTNERSHIP OR BUSINESS 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 | | | |
| Number of partners: | | | |

| 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 |
| | | |
| | | |

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

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| CUSTOMER CONSENT |
| <p>Flowervision Ltd likes to keep clients up to date with industry information, special offers and delivery/collection updates. To do this we need your consent to be able to contact you using the below methods. You can opt out at any time by emailing us (or clicking on unsubscribe in footer of the emails) on info@flowervision.co.uk with your client number, company name and request to be removed. For full information please read our privacy policy.</p> <p>Please tick acceptable methods of contact:</p> <p>Partner 1</p> <p><input type="checkbox"/> Direct Marketing – For Delivery Updates, Special offers, Newsletters</p> <p><input type="checkbox"/> SMS/WhatsApp – For Delivery Updates, Special offers and General Information.</p> <p><input type="checkbox"/> Telephone – For order Information & general enquiries</p> <p><input type="checkbox"/> Social Media Interaction – Such as Instagram, Facebook and Twitter</p> <p><input type="checkbox"/> * I can confirm I have read and accept the Terms & Conditions and Privacy Policy (both available at http://flowervision.co.uk/register/)</p> |

Partner 2

- Direct Marketing – For Delivery Updates, Special offers, News Letters
- SMS/WhatsApp – For Delivery Updates, Special offers and General Information.
- Telephone – For order Information & general enquiries
- Social Media Interaction – Such as Instagram, Facebook and Twitter

- * I can confirm I have read and accept the [Terms & Conditions](#) and [Privacy Policy](#) (both available at <http://flowervision.co.uk/register/>)

| NB: ALL PARTNERS MUST SIGN | |
|----------------------------|------|
| 1 SIGNATURE | DATE |
| NAME Home Address | |
| 2 SIGNATURE | DATE |
| NAME Home Address | |

| NOTES & COMMENTS – Company use only |
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