



**Confidential Credit Application**

Please Print or Type and fax back to us.

NAME OF BUSINESS: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

IS THIS TELEPHONE NUMBER LISTED IN THE YELLOW PAGES AS A BUSINESS LISTING:

YES:  NO:  IF NO, PLEASE EXPLAIN: \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_ YRS AT PRESENT LOCATION: \_\_\_\_\_

DATE PRESENT OWNER ACQUIRED BUSINESS: \_\_\_\_\_

PREVIOUS BUSINESS EXPEIRENCE: (EXPLAIN): \_\_\_\_\_

WERE WOULD YOU BE SELLING OUR PRODUCTS?:

SHOP:  HOME:  OTHER:  IF OTHER, PLEASE EXPLAIN: \_\_\_\_\_

PLEASE ENCLOSE COPIES OF ALL APPLICABLE LICENSES:

ASSUMED BUSINESS NAME FILING #: \_\_\_\_\_

CITY BUSINESS LICENSE #: \_\_\_\_\_

STATE MASTER LICENSE (WA ONLY) #: \_\_\_\_\_

STATE NURSERY LICENSE (OR ONLY) #: \_\_\_\_\_

PORTALND FLOWER MARKET BUYERS PASS #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

IF YOU DO NOT HAVE ANY OF THE ABOVE, PLEASE EXPLAIN: \_\_\_\_\_

DO YOU ADVERTISE?

YES:  NO:  IF YES, WHERE?: \_\_\_\_\_

IF NO, EXPLAIN: \_\_\_\_\_

ARE YOU PRESENTLY USING PRINTED BUSINESS CHECKS?

YES:  NO:  IF NO, PLEASE EXPLAIN: \_\_\_\_\_

YOUR OFFICE OPERATES AS:

CORPORATION:  SOLE PROPRIETORSHIP:  PARTNERSHIP:

NAME OF BOARD OF DIRECTORS, SOLE PROPIETOR, OR GENERAL PARTNERS:

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ TITLE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ HOME PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

SSN #: \_\_\_\_\_ SSN #: \_\_\_\_\_

DRIVERS LICENSE # \_\_\_\_\_ DRIVERS LICENSE # \_\_\_\_\_

DRIVERS LICENSE STATE \_\_\_\_\_ DRIVERS LICENSE STATE \_\_\_\_\_

OTHER CORPORATE OFFICES:

SECRETARY: \_\_\_\_\_ TREASURER: \_\_\_\_\_

HAVE ANY OF THE ABOVE EVER FILED BANKRUPTSY? YES:  NO:

IF YES, NAME COMPANY AND YEAR FILED: \_\_\_\_\_

