

SOUTHERN TRADITION FLOWER SHOP - HOUSE ACCOUNT APPLICATION

723 n 14TH St. Leesburg. Fl 34748

DEPARTMENT INFORMATION

DEPARTMENT NAME:

STREET ADDRESS: _____ BUILDING: _____ SUITE:

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ FAX: _____ EMAIL ADDRESS: _____

FED ID #: _____ TAX EXEMPT #: _____ PLEASE ATTACH A COPY OF
CERTIFICATE TO THIS APPLICATION.

NAME OF APPLICANT:

AUTHORIZED BUYERS:

BILLING ADDRESS:

(Please indicate if billing address is the same as above)

The Account Holder is responsible for notifying Southern Tradition Accounts Department (southernflowershop@aol.com 352 326 3262) regarding any changes to the Authorized Buyers List, Billing Information or other account issues.

Individuals authorized by the account holder to make purchases on the account will need the account number in order to place orders.

The above information is given for the purpose of obtaining credit. I/We authorize you to obtain information from any source concerning statements made herein. If this application is accepted, I/We promise to pay all charges incurred, and agree to the terms and conditions in the agreement accompanying the application. I/We acknowledge receipt of the disclosure required by the Equal Credit Opportunities Act. A 1% per month rebilling charge will be applied to the unpaid balance after 30 days with a minimum rebilling charge of \$2.00. If Collection becomes necessary, we will refer the account to our attorney for collections and you will be responsible for the attorney's fee, together with the unpaid balance and court cost.

Signature of Applicant Signature of Co-Applicant Date

EMAIL COMPLETED APPLICATION TO: southernflowershop@aol.com – or send via US mail.