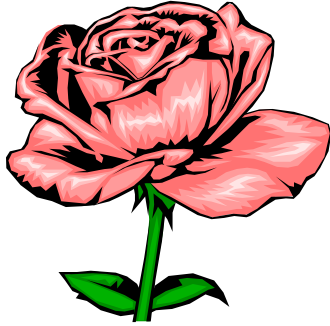


# Beaverton Florists, Inc.

*"Serving the Metro area since 1943"*



4705 S.W. Watson Ave. - Phone (503) 644-0129  
Beaverton, OR 97005 - Fax (503) 644-2086

## Application for Beaverton Florists, Inc. **Preferred Commercial Account**

1. **Business Name:** \_\_\_\_\_ **Website:** \_\_\_\_\_
2. **Business Address:** \_\_\_\_\_  
\_\_\_\_\_
3. **Billing Address:** \_\_\_\_\_  
\_\_\_\_\_
4. **Business Phone:** \_\_\_\_\_ **email address:** \_\_\_\_\_
5. Owner or Manager authorized to charge: \_\_\_\_\_ **Title:** \_\_\_\_\_
6. **Authorized persons** to order flowers on this account:  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ **Title:** \_\_\_\_\_

If you prefer to use a credit card please enter that here: \_\_\_\_\_ Visa MC AX Dis  
Expiration Date: \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ CCV

Address and ZIP cc is sent to: \_\_\_\_\_

TERMS: We certify that all the information on this form is correct; we fully understand that payment is due IN FULL upon receipt of statement, and that **if Employees make personal charges to the company's account, it will be the responsibility of the company to collect this money** and make prompt payment.

We agree to the proper Payment in consideration of extended credit.

For the consideration of the extension of credit to the above firm, the undersigned promises to pay to the order of Beaverton Florists, Inc., at their office in Beaverton, Washington County, Oregon all charges to the account of the Firm. In the event said account becomes past due, the undersigned agrees that interest shall be added at the highest lawful rate per annum then allowable under state law from date until paid; and that in the event payment is not made on or before the due date, and the account is placed in the hands of an attorney for collection or suit the same is collected through Probate or Bankruptcy proceedings, then an additional reasonable amount shall be added to the same as attorney's fees. **I, the undersigned, also personally guarantee** the prompt and unconditional payment of all charges in the above account.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

If you prefer, you may also use a credit card to simplify your record keeping.