



*LaSalle Wholesale Florist Inc.
2744 LaSalle St.
St. Louis, MO 63104*

Selling to the Professional Florist Exclusively

APPLICATION TO PURCHASE FOR RESALE

Information below must be complete. Your application to establish buying privileges may take up to ten days to process. If you wish to apply for a line of credit, also complete the information on the back of this form. Please allow two to three weeks for applications that request charge privileges.

Business Name _____

Address _____ City _____ State _____

Zip Code _____ Area Code _____ Main Phone # _____

After Hours # _____ Fax# _____

.....
State Resale# _____ Tax I.D. _____ Years in Business _____

Business is a: Corporation _____ Proprietorship _____ Partnership _____ LLC _____

Own Building _____ Lease Building _____

Lease or Mortgage Holder Name _____ Phone# _____

.....
Credit Card Type: _____ Credit Card #: _____ Security Code: _____ Exp. Date: _____

Billing Address: _____ Zip Code: _____

Authorized Signature _____ Date _____

RETURN THIS COMPLETED APPLICATION WITH:

1. A COPY OF THE RESALE CERTIFICATE ISSUED BY YOUR STATE, AND
2. A COPY OF YOUR BUSINESS LICENSE ISSUED BY THE APPROPRIATE MUNICIPALITY.

COMPLETE THE REVERSE SIDE IF YOU WISH TO REQUEST A LINE OF CREDIT.

I have completed the information on the reverse side of this form in order to become a registered buyer with your company. I am also providing the following information and requesting that a line of credit be established for purchases from LaSalle Wholesale Florist, Inc.

Phone: 314-771-2282

800-280-2282

Fax: 314-771-2284



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Business Name/Address: _____

Business Bank _____

Bank Address _____ Acct # _____

Phone Area Code _____ Phone Number _____ Cell _____

Bank Officer/Contact Name _____

Checking _____ Savings _____ Mortgage _____ Loans _____

PROVIDE A MINIMUM OF THREE BUSINESS REFERENCES THAT YOU CURRENTLY PURCHASE FROM:

COMPANY NAME	CITY/STATE	PHONE #
_____	_____	_____
_____	_____	_____
_____	_____	_____

LEASE OR MORTGAGE HOLDER NAME _____

ADDRESS/PHONE NUMBER _____

I assets that all information provided is complete and accurate. I authorize the banks, mortgage and/or lease holder and other businesses provided as references on this application to release to LaSalle Wholesale Florist, Inc. such information it may request for the purpose of establishing a line of credit for our use. I understand that all accounts are due in full upon receipt of statement and that a 1.5% per month rebilling charge (18% APR) is accrued on accounts thirty days past due. I understand that charge privileges can be withdrawn at any time the account balance exceeds the limit established or become past due. The payment of all purchases on this account as well as any legal and /or collection fees incurred at any time in an effort to collect unpaid balances, are guaranteed by the following authorized party.

Authorized Party Name _____

Social Security# _____ Date _____