



*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 \_\_\_\_\_