



RED MOUNTAIN
1109 W 100 S Provo UT 84601
Phone: (801) 356-8200 Fax: (801) 356-7993
Email: officcut@redm.com

CREDIT APPLICATION

COMPANY LEGAL NAME \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

DBA \_\_\_\_\_ FED ID # \_\_\_\_\_

SALES TAX # \_\_\_\_\_ YEAR BUSINESS STARTED \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

(If different from above)

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TYPE OF BUSINESS: (Sole Proprietor, Partnership, Corporation, etc.) \_\_\_\_\_

BUYERS NAME \_\_\_\_\_ ACCTS. PAYABLE MANAGER \_\_\_\_\_

\*\*\*\*\*

OWNERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

OWNERS, OFFICERS NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

OWNERS, OFFICERS NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE # \_\_\_\_\_



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BANK AUTHORIZATION FORM

NAME OF BANK \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ACCOUNT NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

I, the undersigned, an officer of \_\_\_\_\_ authorize you to
(Your company name)
provide Red Mountain Wholesale Florist, LLC with the information requested above regarding our account.

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FOR BANK USE ONLY

Bank representative, the above customer has given us your name as a bank reference. Please complete the below information and return via fax to the number provided. Your prompt attention to this request is appreciated. Fax number 801-356-7993.

Regards,

Red Mountain Wholesale Florist, LLC.

Date Account Opened \_\_\_\_\_ Type of Account \_\_\_\_\_

Average Monthly Balance \_\_\_\_\_ Number of NSF checks (Last 12 months) \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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TRADE REFERENCES

NAME CITY/STATE

TELEPHONE # FAX #

NAME CITY/STATE

TELEPHONE # FAX #

NAME CITY/STATE

TELEPHONE # FAX #

NAME CITY/STATE

TELEPHONE # FAX #

BANK REFERENCE

NAME OF BANK ACCOUNT #

ADDRESS CITY/STATE

NAME OF OFFICER TELEPHONE #

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The above information is warranted to be true and is given for the purpose of obtaining credit for the above named application from Red Mountain Wholesale Florist, LLC. In consideration of the said extension of credit, the applicant and the undersigned, individually, jointly and severally, agree to pay all invoices for purchases made by the applicant. The undersigned individually represent to Red Mountain Wholesale Florist, LLC that the undersigned is either an owner, officer, partner, or agent of director of the applicant and the undersigned further agree that in the event legal action be instituted to effect collection of any unpaid balance pertaining to the account of the applicant that the applicant and the undersigned, individually, jointly, and severally agree to pay Red Mountain Wholesale Florist, LLC all costs of collection, court costs, and reasonable attorney's fees, as may be awarded by the court. Applicant agrees by the acceptance of the goods to pay a service charge of 2% per month which is an annual percentage rate of 24% on all overdue balances.

I certify that all of the above information is correct and I authorize Red Mountain Wholesale Florist, LLC to investigate all references provided.

I have read and understand the terms and conditions set forth above, and agree to be bound thereby.

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SIGNATURE: DATE:

PRINTED NAME: TITLE: