



CREDIT APPLICATION

90 Gordon Drive - Suite B
Syosset, NY 11791

p: 516.586.6262

f: 516.586.6265

jmerulloimports.com

info@jmerulloimports.com

COMPANY NAME: _____ Fed. ID No. _____
 Owner: _____ SS.# _____
 Company Name _____ Contact _____
 Address: _____ Tel () _____
 City, State, Zip _____ Fax () _____
 Type of Business: _____ No. Of Employees _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Telephone Number: _____ Year Established: _____
 CEO/Partner _____ SS:# _____
 Purchasing agent: _____
 Accts. Payable Contact: _____
 Sole Proprietor() Partnership () Corporation () Division ()
 Owner's home address: _____

EMAIL:

CREDIT REFERENCES (BANK AND 3 VENDORS):

Bank Name: _____ Tel: () _____
 Branch _____ Acct: number: _____
 Address: _____ Fax () _____

Company Name _____ Contact _____
 Address: _____ Tel () _____
 City, State, Zip _____ Fax () _____

Company Name _____ Contact _____
 Address: _____ Tel () _____
 City, State, Zip _____ Fax () _____

Company Name _____ Contact _____
 Address: _____ Tel () _____
 City, State, Zip _____ Fax () _____

Until such time as your application for a line of credit is approved, all orders will be accepted on a C.O.D. Basis ONLY.

In the event that your company will be approved or is now on an open account, please note that ALL PAST DUE INVOICES (BALANCES OVER 30 DAYS) WILL BE CHARGED INTEREST AT 1.5% PER MONTH OR 18% PER ANNUM. IN THE EVENT OF LITIGATION, APPLICANT AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY'S FEES.

ALL CLAIMS RELATING TO PRODUCT QUALITY MUST BE MADE, IN WRITING, WITHIN 48 HOURS OF THE RECEIPT OF THE FLOWERS, STATING THE NATURE OF THE PROBLEM, NUMBER OF STEMS AFFECTED, INVOICE NUMBER AND DOLLAR VALUE OF CLAIM.

J. Merullo Imports, Inc. is authorized to inquire in to our credit history.

The undersigned do hereby, individually, or jointly and severally, unconditionally guarantee payment of this account and any interest or legal fees relating to this account.

SIGNATURE: _____ TITLE _____

I UNDERSTAND THE TERMS AND CONDITIONS OF THIS CREDIT APPLICATION AND AGREE THERETO.

Signature _____ Title _____
 Please print name _____ Date: _____

For J. Merullo Imports Inc. use only: Approved: _____ Date: _____ Amount: _____



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Credit Card Authorization

Please return ASAP via fax to 516.586.6265 with a copy of your driver's license

Your Company name: _____

CC Acct #: _____

I, _____ (print), hereby authorize J. Merullo Imports
to charge my credit/debit account as follows:

() Visa () MasterCard () Discover () Credit () Debit

Credit / Debit Card #: _____

Exp. Date _____ (MM/YY) Security Code: _____

Cardholders Name: _____ (as it appears on card)

CREDIT CARD Billing Name & Address w/ZIP CODE:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Delivery Address for product (ONLY necessary IF different from credit card billing address)

Delivery Address: _____

City: _____ State: _____ Zip: _____

As the card holder, I hereby authorize receipt of goods to the above shipping address. Any company employee is permitted to sign on my behalf for the receipt of goods.

Cardholder Signature: _____ Date: _____

*As the credit card holder I authorize J. Merullo Imports to charge my credit card for future Purchases.
{A receipt will be faxed or e-mailed @ the time of charge}.*

Cardholder Signature: _____

Authorized Thru (date): _____