



**MIKE'S FINEST WHOLESALE FLOWERS, INC.**  
[admin@mikesfinest.com](mailto:admin@mikesfinest.com)

**Confidential Credit Application/Guarantee**

3616 McCall Place \* Doraville, GA 30340  
 Tel: 770-729-1700 \* Fax: 770-729-8077

**Your Business:**

Name of Firm/D.B.A. \_\_\_\_\_ Date: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ TEL: ( ) \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ FAX: ( ) \_\_\_\_\_  
 Billing Address:(if different) \_\_\_\_\_  
 Business Structure: Corp \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Date Established \_\_\_\_\_  
 # of Employees: \_\_\_\_\_ Business Premises: Owned \_\_\_\_\_ or leased from: \_\_\_\_\_  
 Have you ever filed bankruptcy? No\_\_ Yes\_\_ Case# \_\_\_\_\_ Date: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Federal Tax I.D. # \_\_\_\_\_  
 State Resale # \_\_\_\_\_ (Required)

**Owners/Stockholders:**

Name	Title	S.S.#	Home Telephone No.
1 _____	_____	_____	( ) _____
2 _____	_____	_____	( ) _____
3 _____	_____	_____	( ) _____
4 _____	_____	_____	( ) _____

**Trade References:**

Company Name	City	State	Telephone#	FAX#
1 _____	_____	_____	( ) _____	( ) _____
2 _____	_____	_____	( ) _____	( ) _____
3 _____	_____	_____	( ) _____	( ) _____
4 _____	_____	_____	( ) _____	( ) _____

**Terms & Conditions:**

Applicants signature attests financial responsibility and willingness to pay invoices accrued either before or after the execution of this application in accordance with the following terms. All invoices are due and payable on the 15th of the following month. In the event of default of payment when due, a late fee of 1.5% will be applied on the 30th of each month on the unpaid balance. Default in payment beyond 60 days from due date entitles Mike's Finest Wholesale Flowers, Inc. to full principle, late fees, additional collection fees of 33% and/or reasonable attorney's fees plus court cost. The failure to enforce any of these terms in the past does not waive Mike's Finest Wholesale Flowers, Inc right to enforce them at a future date. The applicant, in the event of default to any of the terms contained herein, consents to jurisdiction in Gwinnett County, Georgia. Legal action is converted to Georgia State Law. All sales are F.O.B. Norcross, GA and subject to Mike's Finest Wholesale Flowers, Inc. claim policy (copy attached).

I have read, understand and accept all of the terms, I state that I am an authorized representative of the applicant and have provided true information to the best of my knowledge.

Signed _____	Print Name _____	Title _____	Date / / _____
Signed _____	Print Name _____	Title _____	Date / / _____

**Personal Guarantee:**

We/I the undersigned do hereby personally guarantee payment in full for \_\_\_\_\_ (firm name) without reservation of all the obligations of debt due Mike's Finest Wholesale Flowers, Inc. accrued either before or after the execution of this application (including, but not limited to, service charges -1.5%-, collection fees -33%-, reasonable attorney's fees and court cost). Such guarantee shall remain in force until revocation is acknowledged to Mike's Finest Wholesale Flowers, Inc. by certified mail. Such revocation shall not effect indebtedness incurred prior to written notice.

I understand and agree that Mike's Finest Wholesale Flowers, Inc. may obtain a credit report on me as an individual guarantor applying for credit.

Signed _____	Print Name _____	Personal Guarantor _____	Date / / _____
Signed _____	Print Name _____	Personal Guarantor _____	Date / / _____