

CONFIDENTIAL CREDIT APPLICATION

office use only

date
acct. #
terms approved
initials

Sullivan, Inc., floral and gift wholesale distributor, will process your credit application as quickly as possible. Please complete all sections clearly to avoid any delays or questions. The credit review process may take up to two weeks for completion. If you should have any questions about this application, please contact Sullivan, Inc. Credit Department at 1-800-456-4568 for assistance.

CUSTOMER INFORMATION

Legal Name of Business	DBA/AKA	
Billing Address		
Shipping Address		
Phone ()	Alternative Phone ()	Fax ()
E-mail address		

AMOUNT OF CREDIT REQUESTED \$	ORDER PENDING	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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TYPE OF BUSINESS Wholesale Retail (If you check RETAIL, please specify below which type of retailer best describes you.)

Florist Department Store Hospital Gift Shop Gift Store Christmas Store Designer Other _____

TYPE OF OWNERSHIP Corporation - Privately Held Partnership

Corporation - Publicly Held Sole Proprietor Other Number of Years Under Present Ownership _____

STATE TAX RESALE NUMBER OR FEDERAL TAX IDENTIFICATION NUMBER (choose one)

(Please attach copy of state sales tax license; NY & SD customers please attach resale certificate.)

Accounts Payable Contact Person	Phone Number ()
Accounts Payable E-mail Address	
Authorized Buyer(s)	Phone Number ()

Officers/Owners Names and Titles	E-Mail Address	Store Information
		Size of Store Sq. Ft.
		Number of Employees
		Yearly Sales Volume

Signing this credit application hereby authorizes the release of any required credit information to Sullivan, Inc. from the following bank and National Credit Reporting Agencies, Commercial or Consumer related. If faxed, the faxed copy is deemed original for the purpose of obtaining banking history.

BANK REFERENCE

Name of Bank

Full Address

Phone ()	Bank Officer	Account Number
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Sullivan, Inc. reserves the right to request additional credit information and/or documentation.

I hereby agree to pay in full within the prescribed terms of sale (FOB Sioux Falls) and I understand delinquent accounts are subject to a finance charge of 1.5% per month until paid. Continuation of credit terms is a privilege contingent on keeping my account current. Should this account become delinquent or the financial status change, Sullivan, Inc. reserves the right to change or withdraw credit terms and/or suspend shipments to me. I further agree to pay reasonable collection costs, attorney's fees and court costs if necessary to collect. Credit will be considered only for the current owner or owners and Sullivan, Inc. must be notified before any change or transfer of ownership occurs.

Signed	Title
For (Name of Firm)	Date



3101 North Fourth Avenue • P.O. Box 5361 • Sioux Falls, SD 57117-5361
 (800) 456-4568 • (605) 339-4274 • Fax (605) 338-2689

ADDITIONAL CREDIT INFORMATION REQUESTED

Company Name: _____
Company Address: _____
City, State and Zip: _____
Phone: _____



3101 North Fourth Avenue • P.O. Box 5361
Sioux Falls, SD 57117-5361
(800) 456-4568 • (605) 339-4274
Fax (605) 338-2689
info@sullivangift.com
www.sullivangift.com

PLEASE PROVIDE TRADE REFERENCES:

Name: _____ Account #: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____

Name: _____ Account #: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____

Name: _____ Account #: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____

Name: _____ Account #: _____
Address: _____ Phone #: _____
City, State, Zip: _____ Fax #: _____

TERMS AND CONDITIONS

- New Customer: If this is your first order with us... Welcome! All new customers requesting credit terms must fill out a Sullivan Inc. Credit Application prior to order processing.
- Past Due Invoices: Late payment of your invoices and past due balances could affect shipment of your future orders and current backorders.
- Backorders: Backorders that are under \$25 will be cancelled automatically. If you would rather not receive backorders at all, please write this preference on your order.

**If you already have a Trade Credit Reference Sheet with all your information completed, please feel free to send that with the credit application instead of completing this form. Please make sure to include account numbers and fax numbers in your submission.

PLEASE FAX THIS DOCUMENT TO (605) 338-2689. THANK YOU!