



Wholesale Florist

WATS 800-328-0745
(612) 331-4141 • Fax (612) 331-5066
2407 E. Hennepin Ave., Minneapolis, MN 55413

CREDIT APPLICATION

FIRM NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER'S FULL NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____

S.S. #: _____

OWNER'S FULL NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

HOME PHONE: _____

S.S. #: _____

PLEASE CIRCLE ONE:	INDIVIDUAL	PARTNERSHIP	CORPORATION
STATE SALES TAX EXEMPT # _____	START DATE OF COMPANY _____		

Please complete in full. If additional space is needed, please attach additional pages. Also, please furnish a copy of your most recent financial statements.

Have any owners had an account with Koehler & Dramm previously. If yes, what was company name? _____

Give particulars of involvement over last five years in floral business by Applicant or Principals. Specify names and addresses and present status of such business. _____

Give particulars on any business or venture in which Applicant or any Guarantor is currently an officer or partner. _____

Are you or have you ever been a defendant in any suits or legal actions? _____

Are there any outstanding judgments against the Company or any of its officers? Please give details. _____

Have any of your officers or owners signed personal guarantees that are still in effect? Please give details. _____

Has the company or any of its principals ever been bankrupt? Yes ___ No ___
If yes, explain: _____

Are you current with all of your suppliers and creditors? If no, please explain: _____

BUSINESS CREDIT REFERENCES

(At least four references. Must be filled out completely. Floral References Preferred)

1. Name _____
Address _____
City _____
State/Zip _____
Phone # _____
Account # _____

3. Name _____
Address _____
City _____
State/Zip _____
Phone # _____
Account # _____

2. Name _____
Address _____
City _____
State/Zip _____
Phone # _____
Account # _____

4. Name _____
Address _____
City _____
State/Zip _____
Phone # _____
Account # _____

NAME OF BANK _____ ACCOUNT #: _____
STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

AUTHORIZATION FOR RELEASE OF INFORMATION: _____
(Signature)

CREDIT TERMS AND GUARANTEE

All payments of amount owing by the undersigned to Koehler & Dramm (K&D) shall be first applied to any late charges imposed by K&D, then to any finance charges on the unpaid principal balance owing to K&D, and the remainder shall be applied to the principal balance then owing to K&D.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. All invoices are due and payable by the 10th of the following month. A charge of 1½% per month or an annual rate of 18% will be charged on past due accounts. Debtor will pay legal fees, collection fees, etc.

In consideration of your extension of credit at my/our request, I/we hereby personally guarantee to you the payment of any obligation of the company whenever the company shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do not consent to any modification or renewal of the credit agreement hereby guaranteed.

Firm Name: _____

Date: _____

Signature: _____

Title: _____

Signature: _____

Title: _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

Please print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number state of issue _____ number _____	
	Name of seller from whom you are purchasing, leasing or renting KOHLER & DRAMM, II			
	Seller's address 2407 EAST MINNEAPOLIS AVENUE MINNEAPOLIS, MN 55413		State _____	Zip code _____

Type of business. Circle the number that describes your business.

01 Accommodation and food services	11 Transportation and warehousing
02 Agricultural, forestry, fishing, hunting	12 Utilities
03 Construction	13 Wholesale trade
04 Finance and insurance	14 Business services
05 Information, publishing and communications	15 Professional services
06 Manufacturing	16 Education and health-care services
07 Mining	17 Nonprofit organization
08 Real estate	18 Government
09 Rental and leasing	19 Not a business (explain) _____
10 Retail trade	20 Other (explain) _____

Reason for exemption. Circle the letter that identifies the reason for the exemption.

A Federal government (department) _____	I Industrial production/manufacturing
B Specific government exemption (from list on back) _____	J Direct pay permit # _____
C Tribal government (name) _____	K Multiple points of use (services, digital goods, or computer software delivered electronically)
D Foreign diplomat # _____	L Direct mail
E Charitable organization # _____	M Other (enter number from back page) _____
F Religious or educational organization # _____	N Percentage exemption
<input checked="" type="radio"/> Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
H Agricultural production	<input type="checkbox"/> Utilities (enter percentage) _____ %

Sign here I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____ Print name here _____ Title _____ Date _____



www.koehlerdramm.com
(612) 331-4141 * Fax (612) 331-5066
877-KOEHLER (563-4537) * 800-328-0745
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COMMUNICATIONS CONSENT FORM

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Telephone Number: _____

Fax Number: _____

Customer Code: _____

I understand that by providing my mailing address, e-mail address, telephone number and fax number, I consent to receive price sheets, product availabilities, marketing information or any other information felt necessary by KOEHLER & DRAMM WHOLESale FLORIST and its affiliates via regular mail, e-mail, telephone or fax.

My preferred method of communication for receiving marketing information is:

E-mail

Fax

Mail

Telephone

Signature: _____

Date: _____