



Koehler & Dramm
wholesale florist

2407 East Hennepin Avenue
Minneapolis, MN 55413
612-331-4141 | 1-877-KOEHLER
www.koehlerdramm.com
FAX: 612-331-5066

Customer Profile

How did you hear about us? Internet Our location Sales rep contacted me
 Referral Flyer Purchased here under another shop Other _____

Firm Name: _____

Billing Address: _____

City, State, Zip: _____

Phone, Fax, E-mail: _____

Shipping Address: _____

City, State, Zip: _____

Owner's/Officer's Full Name: _____ Owner's/Officer's Full Name: _____

Home Address: _____ Home Address: _____

City, State, Zip: _____ City, State, Zip: _____

SSN#: _____ SSN#: _____

Are you an: Individual Partnership Corporation

Federal Tax #: _____

Type of business: _____

State Sales Tax ID #: _____

Date Started: _____

Name of Bank: _____

Account #: _____

Street Address, City, State, Zip: _____

If you require credit, a credit application must also be completed.

Will you require a Purchase Order Number? Yes No

Have you purchased from Koehler & Dramm in the past? Yes No

If yes, what was the name and address of your account? Name: _____

Address: _____

Personal Guaranty

In consideration for LS Acquisitions, dba, Koehler & Dramm, entering into the foregoing application, each of the undersigned guarantor(s) personally and unconditionally guarantee full payment of all debts of the above named company incurred as a result of Koehler & Dramm, opening an account for the company, subject to the terms of the this application. In addition, each of the undersigned personally guarantees payment of all costs and fees, including reasonable attorney’s fees, incurred by Koehler & Dramm, in enforcing this personal guaranty. Each guarantor who signs below is jointly and severally liable for the debt of the above-named company. Settlement with any individual guarantor does not release any other guarantor. This personal guaranty may be terminated only with Koehler & Dramm’s written consent, and shall not effect any amounts then due and owing the company at the time of termination. Guarantor(s) further agrees that Koehler & Dramm may enforce this personal guaranty in the District Court for the County of Hennepin, State of Minnesota, or in any other court having jurisdiction.

Guarantor’s Signature

Guarantor’s Signature

Guarantor’s Name

Guarantor’s Name

Date

Date

Terms & Delinquency Charges

All payments of amounts 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.

The undersigned agrees that, in the event of the delinquency of the payment of any amounts owing by it to K&D, all amounts then owing by the undersigned to K&D shall become immediately due and payable, and said amounts shall bear interest at the rate of 1½ percent per month (18 percent per annum) from such delinquency, commencing on the first day of the month following the date such amount shall become delinquent until payment in full thereof. All invoices are due upon purchase or delivery unless credit terms are granted in writing following the completion of K&D’s credit application. Failure to pay shall cause the amount due to become delinquent. The undersigned further agrees that, if K&D employs counsel for advice with respect to enforcing the payments of moneys owing to it by the undersigned (the “Obligations”), or to intervene, file a petition, answer, motion or other pleading in any suit or proceeding relating to the Obligations, or to attempt to collect the Obligations from or to enforce the Obligations against the undersigned, then, in any such event, all of the reasonable attorney’s fees arising from such services, and any expenses, costs and charges relating thereto, shall be an additional liability owing hereunder by the undersigned to K&D, payable on demand. Additionally, these terms and conditions would also apply to any agency that K&D would retain to collect this obligation. The undersigned also authorizes K&D to do a credit check as part of the process to open an account.

Firm Name

Firm Name

Signature

By

Title

Date

Title

Date



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Communications Consent Form

Name: _____

Company Name: _____

Address: _____

City, State & Zip: _____

Email Address: _____

Telephone Number: _____

Cell phone Number: _____

Fax Number: _____

Customer Code: _____

I understand that providing my mailing address, email address, telephone number and fax number, I consent to receiving price sheets, product availabilities, marketing information or any other information deemed necessary by Koehler & Dramm Wholesale Florist and its affiliates via regular mail, email, phone, text or fax.

My preferred method of communication for receiving marketing information is:

Email Text Fax Phone Mail

Signature: _____

Date: _____

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 _____

Type or print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State 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 _____			
	Seller's address _____		City _____	State _____ Zip code _____

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

- | | | |
|------------------|---|---------------------------------------|
| Type of 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.

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

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 _____
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