



Credit Application & Resale Certification

Please Mail, Fax or Email this Completed Form to:

30135 McCombs Road • Wasco, California 93280

800-992-4409 Toll-free • 661-758-8013 Fax • customerservice@weeksroses.com eMail • weeksroses.com

Customer Contact Information:

(All information provided will be handled in strict confidence and is for the purpose of obtaining credit only)

Company Name: _____

Telephone #: _____

Address: _____

Fax #: _____

City, State, Zip: _____

eMail: _____

Contact: _____

Website: _____

Company is a: Corporation Partnership
 Sole Proprietor LLC

Years in Business: _____ Federal Tax ID #: _____

Name(s) of Owners: (If corporation, name and title of officers)

Name: _____

Title: _____

Name: _____

Title: _____

Banking Information:

Bank: _____

Account #: _____

Address: _____

Contact: _____

Phone #: _____

City, State & Zip: _____

eMail or Fax #: _____

TradeReferences: (Firms from whom you are currently purchasing on open account)

Name: _____

Contact: _____

Address: _____

City, State & Zip: _____

Phone #: _____

eMail or Fax #: _____

Name: _____

Contact: _____

Address: _____

City, State & Zip: _____

Phone #: _____

eMail or Fax #: _____

Name: _____

Contact: _____

Address: _____

City, State & Zip: _____

Phone #: _____

eMail or Fax #: _____

Name: _____

Contact: _____

Address: _____

City, State & Zip: _____

Phone #: _____

eMail or Fax #: _____

Credit terms are explained on the "Terms & Conditions of Sale" page for Weeks Roses. In the event it becomes necessary to place this account for collection, applicant agrees to pay the full balance due plus all accrued late charges, collection costs, attorney fees, and/or court costs incurred by Weeks Roses ("Seller"). Orders will not be released for shipping without a signed credit application and order acknowledgement on file. By the signature below, we authorize all trade references, banks and credit reporting agencies to disclose to Weeks Roses any and all information concerning the financial and credit history of my company and myself.

Resale Certification:

I HEREBY CERTIFY that I hold a valid seller's permit No.: _____

Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling: _____

that the tangible personal property herein which I shall purchase from: _____

will be resold by me in the form of tangible personal property; provided, however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by Sales and Use Tax Law to report and pay tax, measured by the purchase price property or other authorized amount.

Signature of Authorized Officer, Owner, or Partner

Please type or print name and title in signature

Date