



Holex Flower B.V.  
Magnolia 3  
1424 LA De Kwakel  
The Netherlands

Telephone: +31 (0) 297 381 074  
Fax: +31 (0) 297 344 213  
Mail: [info@holex.com](mailto:info@holex.com)  
Internet: [www.holex.com](http://www.holex.com)

## Credit Application

The undersigned has completed, signed and verified that the information contained herein is true and correct, for the purpose of procuring credit from Holex Flower BV. All items must be answered completely to expedite processing.

Company name \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Authorized Shipping Address:

Authorized Billing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Fed Tax ID # \_\_\_\_\_

FL Resale # \_\_\_\_\_

Authorized Buyers:

\_\_\_\_\_

\*Please attach a list of ALL authorized shipping addresses and buyers. Holex Flower BV WILL NOT ship to any address that is not authorized in writing. We will not accept any orders from any buyer not authorized in writing.

Telephone No. \_\_\_\_\_

Accounting Fax No. \_\_\_\_\_

E-mail-address: \_\_\_\_\_

Accounting Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Accounting E-mail-address: \_\_\_\_\_

Business is a:

Partnership  Proprietorship  Corporation: under state laws of \_\_\_\_\_ Date \_\_\_\_\_

Owners/Officers

	Name	Title	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Business Premises are:  Rented  Owned If owned is the building an asset of the firm: \_\_\_\_\_

Description of Real Estate owned \_\_\_\_\_

What are your anticipated purchases per month? \$ \_\_\_\_\_

Estimated yearly sales: Fresh cut flowers \$ \_\_\_\_\_ No. of accounts \_\_\_\_\_

What was your total fresh cut flowers sales volume for the previous two years?

Year	Amount
_____	\$ _____
_____	\$ _____



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#### TRADE REFERENCES

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

#### BANK REFERENCE

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Officer \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Account No. \_\_\_\_\_

#### CREDITS AND CLAIMS POLICY

Due to the perishable nature of our product, you may experience an occasional problem with your shipment. If for any reason this should occur, please refer and adhere to the following guidelines, policies and procedures. They will be strictly enforced.

1. All flowers must be inspected upon arrival.
2. Report any problems that may lead to a credit request to your account representative by telephone but also and in writing (e-mail or fax) within 24 hours of arrival.
3. Never discard, throw away, or destroy problem flowers. We often request that problem flowers are sent elsewhere (at our expense and by carrier of our choice) for examination. The purpose of this measure is to assist us in providing our growers with as much information as possible on the problem product. Please gather all unusable product and have it ready for shipment if we request for it to be sent elsewhere. Please use original boxes, labels, sleeves and or cartons.
4. Please try to provide your account representative with as many of the following details as possible: invoice number, ship date from Holex Flower BV, carrier, airwaybill number and trucking-company. Please report the number of stems, bunches or units that are unusable. (We ask that you try to salvage the usable flowers that are within the problem boxes.) Please try to be as specific as possible when describing (in writing by e-mail or fax) the problem with your account representative. The more information we have to forward to the grower the easier it will be to identify and correct the problem.
5. You must submit a credit request letter or form confirming the problem no later than 72 hours after product arrival. The letter or form must have all relevant information on it.
6. If we sell you ex warehouse or free on board transportation delays, box shortages, box damage and heating caused by carriers are the responsibility of your chosen freight or air carrier. Please direct all such claims to the carrier. Holex Flower BV cannot be liable for third party negligence.

#### GENERAL TERMS FOR THE WHOLESALE TRADE IN FLORICULTURAL PRODUCTS

All business is undertaken subject to the most recent version of the General Terms for the Wholesale Trade in Floricultural Products as drawn up by the Vereniging van Groothandelaren in Bloemkwekerijproducten (VGB) (the Association of Dutch Wholesalers in Floricultural Products) and filed with the Chamber of Commerce and Industries at the Hague, the Netherlands under No. 1130. A copy of these General Terms will be forwarded on first request.

#### PAYMENT-TERMS

In consideration for the extension of credit by Holex Flower BV, the following terms and conditions are hereby agreed to unless otherwise agreed to by the parties prior to a purchase: (1.) All amounts shall be payable no later than 10 days from date of invoice. (2.) A charge of 1.5% per month (18% per annum) or the maximum allowed by law, whichever is less, will be added to all accounts past due. (3) In the event that any accounts are placed for collection, the undersigned agrees to pay the outstanding obligation, plus all collection costs including attorneys' fees and costs. (4) If the undersigned is a corporation or partnership, the person signing this agreement on behalf of such corporation or partnership hereby warrants that he or she has full authority to sign this Agreement and obligates the corporation or partnership here under. (5) The undersigned company hereby authorizes the above bank and trade references to release to Holex Flower BV all financial information requested.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

In consideration of your extending credit, the undersigned, jointly, severally, continuously and unconditionally guarantees payment when due, of any and all present of future indebtedness owed to Holex Flower BV by applicant and agrees to pay such indebtedness if default in the payment thereof be made by the debtor.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## Personal Guarantee Document

Applicant Name: \_\_\_\_\_

TERMS: Applicant's signature attest financial responsibility and willingness to pay invoices in accordance with the following terms:

ALL BILLS ARE DUE AND PAYABLE WITHIN 10 DAYS FROM DATE OF SHIPMENT  
 ANY CREDIT REQUESTS MUST BE IN WRITING (E-MAIL OR FAX) WITHIN 24 HOURS AFTER ARRIVAL

GUARANTEE: The undersigned (jointly and severally) in consideration of your extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities of obligations, said applicant shall at any time be a continuing absolute, and unconditional guarantee and shall remain in full force and effect until expressly revoked by a written notice from the undersigned sent certified mail, return receipt request and also, until all of said indebtedness, liabilities and obligations created before receiving such notice shall be fully paid. This guarantee extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs by Holex Flower BV.

I/We authorize Holex Flower BV and my bank to verify the information supplied on this application and to receive information both now and in the future, with the application.

I/We hereby state the foregoing information is true and correct. I/We agree that if credit is extended, to pay all bills in accordance with the terms of Holex Flower BV.

Individual: \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature) \_\_\_\_\_

Print Name: \_\_\_\_\_

Individual: \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_  
 (Signature) \_\_\_\_\_

Print Name: \_\_\_\_\_

I have read, understand and accept the above terms, and the provided information to the best of my knowledge. I further authorize Holex Flower BV to verify any and all references we have given that may be required to determine our credit capability and to request relevant information from credit reporting agencies.

Name and Title of Applicant: \_\_\_\_\_

Name and Title of Applicant \_\_\_\_\_

(Print) \_\_\_\_\_

Signature and Title of Authorized \_\_\_\_\_

Officer: \_\_\_\_\_

Date: \_\_\_\_\_



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## Company Profile

This company profile will assist us in addressing your specific floral needs. So please take a few moments to complete the information and return it to us along with your credit application.

Company Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail address \_\_\_\_\_

Floral Buyer \_\_\_\_\_

Number of employees in your company \_\_\_\_\_

Number of clients/customers  0-50  51-150  More

Date company was founded \_\_\_\_\_

Do you place standing orders?  Yes  No

If so, what % of your total purchases are on standing order?  0-10%  11-50%  51+

Traditional floral items most often purchased \_\_\_\_\_

Novelty floral items purchased \_\_\_\_\_

Additional Comments (if any) \_\_\_\_\_