

CREDIT APPLICATION

Please either FAX to **905-670-9637** -OR- scan and email to credit@ontarioflowers.com

IMPORTANT NOTICE:

OFG'S STANDARD PAYMENT TERMS ARE PAYMENT EITHER: (1) AT THE TIME OF ONLINE ORDER, (2) AT THE TIME OF PRODUCT PICK-UP, OR (3) PRIOR TO SHIPMENT OF PRODUCT. BY GRANTING CREDIT, CUSTOMER ACKNOWLEDGES PAYMENT IS DUE 21 DAYS AFTER INVOICE DATE. ACCOUNTS WITH AN UNPAID BALANCE AFTER 21 DAYS ARE PLACED ON HOLD. OFG RESERVES THE RIGHT TO REVOKE CREDIT AT ANY TIME DUE TO PAYMENT DEFAULT. CUSTOMER HEREBY AUTHORIZES OFG TO CHARGE ANY UNPAID BALANCES TO ITS CREDIT CARD.

| | | | | | |
|-----------------------|-------------|-------------|----------------|-------------------|--------------|
| Legal Business Name: | | | | Trade Name: | |
| Street Address: | | | | Unit/Suite: | |
| City: | | | | Province: | Postal Code: |
| Telephone: | Facsimile: | | | Website: | |
| Legal Status: | Corporation | Partnership | Proprietorship | Year Established: | |
| HST/GST No. | RT | QST/PST No. | | Est Annual Purch: | |
| Primary Contact Name: | Telephone: | | Email: | | |
| A/P Contact Name: | Telephone: | | Email: | | |

| | | | | |
|---------------------------|-------|----------|---------|--------|
| Principal's Name: | | | | Title: |
| Relationship to Business: | Owner | Director | Officer | Email: |

| | | | | |
|---------------------------|-------|----------|---------|--------|
| Principal's Name: | | | | Title: |
| Relationship to Business: | Owner | Director | Officer | Email: |

Bank Reference:

| | | |
|------------|-----------------|--------------|
| Bank Name: | Branch Transit: | Account: |
| Address: | | |
| City: | Province: | Postal Code: |
| Telephone: | Facsimile: | Contact: |

Trade References:

| | |
|-----------------|--------------------|
| Business Name: | Years as customer: |
| Street Address: | Unit/Suite: |
| City: | Province: |
| Telephone: | Facsimile: |
| | Contact: |

| | |
|-----------------|--------------------|
| Business Name: | Years as customer: |
| Street Address: | Unit/Suite: |
| City: | Province: |
| Telephone: | Facsimile: |
| | Contact: |

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Personal Guarantee:

In consideration of any credit extended, I (we or either one of us) will individually and/or jointly and severally guarantee and indemnify Ontario Flower Growers Co-Operative Ltd. against full and prompt payment of all indebtedness by also operating as

("my / our company") incurred for merchandise furnished, where applicable, including collection costs and legal fees.

Such a guarantee shall remain in force until its revocation is acknowledged, in writing, by Ontario Flower Growers Co-Operative Ltd. Such a revocation shall not affect indebtedness incurred prior to receipt of written notice.

I / we acknowledge that our guarantee will not be affected by the bankruptcy or insolvency of my/our company for all amounts owing by my/our company to Ontario Flower Growers Co-Operative Ltd.

Principal Name: _____ Title: _____
 Relationship to Business: Owner Director Officer
 Home Street Address: _____ Unit/Suite: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Cell: _____ Email: _____

Signature: Date: _____
 YYYY-MM-DD

Principal Name: _____ Title: _____
 Relationship to Business: Owner Director Officer
 Home Street Address: _____ Unit/Suite: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone: _____ Cell: _____ Email: _____

Signature: Date: _____
 YYYY-MM-DD

Credit Card Authorization:

Our credit card program is designed to provide an easy way for you to pay your invoices and track your purchases. Each Monday our system creates a list of payables due including invoice number(s) and the total amount. This allows us to accurately enter your balance without any errors. Upon completion of the transaction, you will receive a notification quoting the transaction number and all totals.

Name on Credit Card: _____
 Credit Card Type: Visa Mastercard
 Card Number: _____ Expiry: _____ CCV: _____
Card Verification Value is the 3 digit number on back of card
 MM / YY

Signature: Date: _____
 YYYY-MM-DD