

# KARTHAUSER & SONS, INC.

WHOLESALE FLORISTS SINCE 1957



W147 N11100 Fond du Lac Ave. Germantown, WI 53022  
(262)255-7815 (800)338-8620 www.karthouser.net

## CREDIT APPLICATION

Name of Business: \_\_\_\_\_ Line of Credit Requested: \$ \_\_\_\_\_

Legal Name (If Different): \_\_\_\_\_ Federal Tax ID#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Date Established: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

### BUSINESS STRUCTURE (Check One)

Corporation  Partnership  Limited Liability Co.  Proprietorship

Division/Subsidiary Name of Parent Company: \_\_\_\_\_ How long in Business: \_\_\_\_\_

### COMPANY PRINCIPALS RESPONSIBLE FOR BUSINESS TRANSACTIONS

\_\_\_\_\_  
(Name) (Title) (Address) (Phone)

\_\_\_\_\_  
(Name) (Title) (Address) (Phone)

\_\_\_\_\_  
(Name) (Title) (Address) (Phone)

### BANK REFERENCES

Name of Bank: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

Checking Account No. \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### TRADE REFERENCES

\_\_\_\_\_  
(Firm Name) (Contact Name) (Phone) (Account Open Since)

\_\_\_\_\_  
(Firm Name) (Contact Name) (Phone) (Account Open Since)

\_\_\_\_\_  
(Firm Name) (Contact Name) (Phone) (Account Open Since)

**CONFIRMATION OF INFORMATION ACCURACY, RELEASE OF AUTHORITY TO VERIFY, AND AGREEMENT**

I hereby certify that the information in this credit application is correct. The information included in this credit application is for use by Karthausser and Sons, Inc. in determining the amount and conditions of credit to be extended. I understand that Karthausser and Sons, Inc. may also utilize the other sources of credit which it considers necessary in making this determination. Further I hereby authorize the bank and trade references listed in this credit application to release the information necessary to assist Karthausser and Sons, Inc. in establishing a line of credit. The undersigned to induce granting of credit to the above named account personally guarantees the company's credit. In the event of default, the undersigned agrees to pay all reasonable attorney fees and cost of collection. Note: Authorized purchases are due and payable by the 15<sup>th</sup> of the month following the invoice date and a 1-1/2% per month (18% per annum) service charge is levied against all past due accounts. ALL CLAIMS MUST BE MADE WITHIN 48 HRS. UPON RECEIPT OF GOODS.

X \_\_\_\_\_  
SIGNATURE TITLE DATE

**POLICY STATEMENT:** INITIAL ORDER FROM NEW ACCOUNTS WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE ABOVE REQUESTED INFORMATION.