

PLEASE FILL OUT AND RETURN THIS APPLICATION

Email: usasales@biofloral.com or Fax: 702-485-5341



ACCOUNT OPENING USA

Please fill out completely to avoid delays in processing.

Each account application must be accompanied by a copy of the State Reseller Certificate for the company.

GENERAL INFORMATION			
Company			
Address			
City (State)		Zip Code	
Fax		Telephone	
E-mail		Years in Business	
Person(s) Authorized to Place Orders			
Accounts Payable			
Type of Company			
Federal EIN		Line of Credit Requested*	
DELIVERY ADDRESS (If different from the above address)			
Address			
City (State)		Zip Code	
Telephone		Fax	

Delivery: Tailgate Yes No

Operating Hours: _____

**Line of Credit is subject to additional Biofloral terms and conditions and is not guaranteed at time of opening.*

The customer agrees to follow the terms and conditions in effect at Biofloral (terms of payment, credit, delivery, return of goods, etc.)

All merchandise is payable according to these terms and conditions.

Signature:	
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BANK REFERENCES	
Bank's name	
Address	
Telephone	
Contact	

REFERENCES FROM SUPPLIERS			
Company		Telephone	
Contact		Fax	
Company		Telephone	
Contact		Fax	
Company		Telephone	
Contact		Fax	

OUTSTANDING ACCOUNTS

A one percent (1%) monthly interest, twelve percent (12%) per year, will be charged on any outstanding amount owed from the forty fifth day after delivery. Any unpaid goods remain the property of Biofloral Inc. until the payment is completed.

By signing this document, I hereby authorize Biofloral to obtain or exchange information with any information officer or credit company aimed at reference check and credit verification.

Name of the company	
Signature	
Printed Name	
Title	
Date	

A confirmation of signing authority must also be attached certifying that the signatory of this application is duly authorized by the Board of Directors of the company.

PERSONNAL ENDORSEMENT

I, the undersigned, certify that I am bonded jointly and solidary by the above-mentioned company to honor and fulfill of all its obligations (including, if applicable, the refund or payment of any sum of money, in capital, interest and costs) to Biofloral Inc. in connection with this contract.

I expressly waive the benefits of division and argument.

Signature	
Guarantor Printed Name	
Guarantor Address	

2711 E CRAIG RD ST B
North Las Vegas, NV 89030
702-485-3711

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

Here's How Recurring Payments Work:

You authorize scheduled charges to your checking/savings account or credit card. You will be charged the amount for each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **BIOFLORAL** to charge my credit card
(full name)

indicated below for **CURRENT AMT DUE** on the **DATE OF OR AFTER PO SHIPS** of each **PURCHASE ORDER** for payment of my business account.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account

Checking Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



Credit Card

Visa MasterCard

Amex Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (# CODE ON CARD) _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Biofloral** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **Biofloral** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$25.00** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.