

MELROSE

Dear Accounts Payable;

Welcome to Melrose International, LLC. If you are requesting net 30 terms, please be sure to complete the reference section with companies that have extended credit to you for at least one year. Please note that these are companies that bill you, COD or credit card are not acceptable references. Please include fax numbers if possible to speed processing. Keep in mind this process can take 7-10 days. If you have any questions please feel free to contact me at 800-282-2144 ext. 315. You can fax it back to 888-219-4577 or email it to missya@melroseintl.com.

Thank you for choosing Melrose International for all your floral and home décor needs.

Thank you,

Missy Abernathy

Missy Abernathy
Credit Department
Melrose International, LLC.



Melrose International, LLC

CREDIT APPLICATION

P.O. BOX 3441 - QUINCY, ILLINOIS 62305
 TELEPHONE: 800-282-2144 - FAX: 217-222-5588

PLEASE FILL OUT COMPLETELY

CUSTOMER INFORMATION

| | | | | | |
|------------------------|-------|--|------------------|--|--|
| FIRM'S FULL LEGAL NAME | | | | | |
| MAILING ADDRESS | | | SHIPPING ADDRESS | | |
| CITY | STATE | COUNTY | ZIP CODE | | |
| PHONE | FAX | Interior Design Floral Gift Other | | | |

OWNER/OWNERS; OR AN AUTHORIZED OFFICER OF THE CORPORATION

| NAME / TITLE | STREET | CITY | STATE | ZIP | TELEPHONE |
|--------------|--------|------|-------|-----|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--------------------|---|--------------------|--|
| TAX EXEMPT # (Credit will not be granted without Tax#) | | | PLEASE ATTACH A COPY OF THE CERTIFICATE | | |
| SOCIAL SECURITY # | | FEDERAL I.D. # | | STATE INCORPORATED | |
| CORPORATION | | PARTNERSHIP | | PROPRIETORSHIP | |
| OWN | | OR | | RENT | |
| FORMER BUSINESS | | | LOCATION | | |
| | | IF RENT, FROM WHOM | | DATE STARTED | |
| | | | | | |

TRADE REFERENCES (Please only list companies with which you currently have Net 30 Terms)

CREDIT WILL NOT BE GRANTED WITHOUT THE COMPLETION OF THIS SECTION.

| | | |
|---------------|--------|--------|
| 1. NAME/TITLE | ACCT#: | FAX: |
| | | PHONE: |
| ADDRESS: | CITY: | STATE: |
| | | ZIP: |
| 2. NAME/TITLE | ACCT#: | FAX: |
| | | PHONE: |
| ADDRESS: | CITY: | STATE: |
| | | ZIP: |
| 3. NAME/TITLE | ACCT#: | FAX: |
| | | PHONE: |
| ADDRESS: | CITY: | STATE: |
| | | ZIP: |
| 4. NAME/TITLE | ACCT#: | FAX: |
| | | PHONE: |
| ADDRESS: | CITY: | STATE: |
| | | ZIP: |

BANK INFORMATION YOUR SIGNATURE BELOW AUTHORIZES RELEASE OF CREDIT INFORMATION.

| | | |
|-----------------|---------------|--------|
| NAME OF BANK: | BANK OFFICER: | ACCT#: |
| | | |
| STREET ADDRESS: | TELEPHONE: | |
| | | |
| CITY: | STATE: | ZIP: |
| | | |

TERMS: Accounts 30 days past due will be charged interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full. Accounts 90 days past due will be turned over for collection. All legal and collection fees will be debtor's responsibility.

By signing this application, I authorize Melrose International or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Melrose to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal, and extension of this and other accounts with Melrose and the marketing of other products and services to me and my business by Melrose. I further authorize Melrose to share the information received from my consumer credit report with Melrose parent, subsidiaries, and affiliates. If I request, you will tell me whether my consumer credit report was requested and, if so, the name and address of the consumer credit reporting agency that furnished the report. Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the terms of sale of Melrose International, LLC.

SIGNATURE: _____ TITLE: _____
 FIRM NAME: _____ DATE: _____

I have read, I understand, and I agree with the terms and conditions stated above.