



PYRAMID FLOWERS, INC.
3813 W. Doris Avenue
Oxnard, California 93030
(805) 382-8070 (800) 338-2700
Fax 805-382-8075

CREDIT APPLICATION

To: Pyramid Flowers, Inc. for the purpose of procuring and establishing credit, from time to time, with Pyramid Flowers, Inc., the undersigned Applicant furnishes the following information, including any requested financial statement. Applicant represents and warrants said information is true and correct and a true and correct statement of its financial condition as of the date of this Credit Application. Applicant authorizes Pyramid Flowers, Inc., to obtain credit and financial information concerning the Applicant at any time and from any sources. Applicant, for the purpose of inducing Pyramid Flowers, Inc., to extend credit, represents that Applicant is not insolvent as that term is defined in applicable state or federal statutes or within the meaning of the United States Bankruptcy Act. If Applicant becomes insolvent before delivery of goods, Applicant shall so notify Pyramid Flowers, Inc. A failure to notify Pyramid Flowers, Inc., shall be construed as a reaffirmation of Applicant's solvency at the time of delivery.

Applicant: Name: _____ S. S.N. or E.I.N. _____
 Address: _____
 Mailing Address: _____
 Telephone/Fax: () _____ () _____

Business: Legal Status:
 _____ Sole Proprietorship: Year Started: _____
 _____ Partnership: Limited: _____ General: _____ Year Formed: _____
 _____ Corporation: Year Incorporated: _____ State: _____ Corp. No. _____
 _____ LLC: Year Formed: _____ Termination Date (if any): _____

Business Type:
 _____ Retail _____ Wholesale _____ Other (Describe) _____

Principals/Officers/Managers:
 Name: _____ Title: _____ Residence Address: _____ Phone: _____

References: Bank: _____
 Name: _____ Branch: _____
 Account No.: _____ Officer: _____
 Address: _____
 Phone: _____
 Trade References: (Flower Purchases Made on Direct Credit Basis):
 Name: _____ Complete Address: _____ Phone: _____
 _____ () _____
 _____ () _____
 _____ () _____

Own an active California Sales Permit: Yes _____ No _____ Certificate No. _____

ALL REAL ESTATE (HOME & BUSINESS) OF APPLICANT AND/OR GUARANTOR(S) (TITLE IN NAME OF)	DESCRIPTION/ADDRESS	PURCHASE PRICE	MORTGAGE AMOUNT	WHEN PURCHASED