



WATS ( 800 ) 798 - 4242  
 PHONE (816) 221 - 4242 \* FAX (816) 421 - 5605  
 1130 SWIFT STREET.  
 NORTH KANSAS CITY MISSOURI 64116

## CUSTOMER APPLICATION

FIRM NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OWNER'S FULL NAME: \_\_\_\_\_

OWNER'S FULL NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

S.S. #: \_\_\_\_\_

S.S. #: \_\_\_\_\_

<b>PLEASE CIRCLE ONE:</b>	INDIVIDUAL	PARTNERSHIP	CORPORATION
STATE SALES TAX EXEMPT # _____	START DATE OF COMPANY _____		

**Please complete in full. If additional space is needed, please attach additional pages.  
 Also, please furnish a copy of your most recent financial statements.**

Have any owners had an account with Koehler & Dramm previously? If yes, what was company name and address?  
 \_\_\_\_\_

Give particulars of involvement over last five years in floral business by Applicant or Principals. Specify names and addresses and present status of such business.  
 \_\_\_\_\_

Give particulars on any business or venture in which Applicant or any Guarantor is currently an officer or partner.  
 \_\_\_\_\_

Are you or have you ever been a defendant in any suits or legal actions?

Are there any outstanding judgments against the Company or any of its officers? Please give details.  
 \_\_\_\_\_

Have any of your officers or owners signed personal guarantees that are still in effect? Please give details.

Has the company or any of its principals ever been bankrupt? Yes \_\_\_ No

If yes, explain: \_\_\_\_\_



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## **Policy on activating a new account in our computer**

- 1- Complete page one (Customer Application) this will allow you to shop but we **WILL** charge sales tax on your purchase and you must also pay C.O.D. or Charge on your credit card.
- 2- Complete the Missouri sales exemption certificate and signed by an authorized agent of your company  
**This is the only way not to be charged sales tax on your purchases.**

### **If you need a charge account with us**

- 3- Complete the credit agreement and disclosure notice.
- 4- For flower shops with the same owner for two plus years and open credit with at least two local floral references a charge account can be opened in less than 10 days.
- 5- For new flower shop owners of existing flower shops and new store opening the standard policy will be C.O.D. for six months after that time if there have been no bad checks or other collection problems we will offer a weekly charge account with a \$500.00 credit limit. After completing one full year and following the above guidelines, we will offer a net 30 terms account
- 6- Non flower shops are not normally open to Koehler & Dramm, inc. house charging and will pay either C.O.D. or charge on your credit cards.



MISSOURI DEPARTMENT OF REVENUE  
 DIVISION OF TAXATION AND COLLECTION  
 P.O. BOX 3380  
 JEFFERSON CITY, MISSOURI 65105-3380  
**SALES/USE TAX EXEMPTION CERTIFICATE**

FORM <b>149</b> (REV. 11-2001)	
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**PART A**

1. PURCHASER	D/B/A
ADDRESS	CITY, STATE, AND ZIP
2. SELLER	D/B/A
ADDRESS	CITY, STATE, AND ZIP

3. PRODUCT OR SERVICES PURCHASED

4. PURCHASER'S TYPE OF BUSINESS

5. CLAIMING EXEMPTION FOR

<input type="checkbox"/> RESALE (COMPLETE PART B BELOW)	<input type="checkbox"/> PLANT EXPANSION
<input type="checkbox"/> NEW PLANT	<input type="checkbox"/> REPLACEMENT MACHINERY, EQUIPMENT & PARTS
<input type="checkbox"/> INGREDIENT OR COMPONENT PART	<input type="checkbox"/> WHOLESALERS (TAX ID NOT REQUIRED)
<input type="checkbox"/> AGRICULTURAL	<input type="checkbox"/> COMMON CARRIER
<input type="checkbox"/> OTHER (EXPLAIN) _____	
_____	
_____	
_____	

**PART B**

IF CLAIMING EXEMPTION FOR RESALE, PLEASE COMPLETE THE FOLLOWING

1. PURCHASER'S HOME STATE	2. PURCHASER'S STATE TAX I.D. NUMBER
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3. GENERAL DESCRIPTION OF PRODUCT TO BE PURCHASED FROM THE SELLER

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: Illinois does not have an exemption on sales of property for subsequent lease or rental.

Caution to Seller: In order for the certificate to be accepted in good faith by the seller, the seller must exercise care that the property being sold is of a type normally sold wholesale, resold, leased, rented, or utilized as an ingredient or component part of a product manufactured by the buyer in the usual course of business. In some states or cities, a seller failing to exercise due care could be held liable for the sales tax due.

Please see reverse side of this form for statutory references.

**PART C**

I SWEAR OR AFFIRM THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AS TO EVERY MATERIAL MATTER.

AUTHORIZED SIGNATURE (PURCHASER OR PURCHASER'S AGENT)	DATE
X	X

Dear Patron:

**CREDIT AGREEMENT AND DISCLOSURE NOTICE**

The Federal Truth in Lending Act requires all businesses to disclose credit terms to customers in a uniform manner. We are therefore requesting that you read, sign and return this Credit Agreement with your remittance.

Koehler & Dramm provides **credit as a short term convenience** and not as long term financing. Since the extension of credit costs money, we must assess a FINANCE CHARGE on past due balances.

C.O.D. invoices are payable at time of delivery.

The closing date of each month's billing cycle is the last business day of the month. Unless otherwise agreed to in writing, all accounts are due and payable in full upon receipt of the statement. If payment for the Total New Balance is not received by the next closing date, a FINANCE CHARGE will be assessed on the past due balance. The past due balance is computed by deducting all current payments and credits from the previous balance. FINANCE CHARGES will be assessed at a monthly periodic rate of 1 ½ percent. The ANNUAL PERCENTAGE RATE IS 18 percent. Accounts will be charged \$30.00 for processing each NSF check.

All accounts that are not paid in full when due will be considered past due and may be placed on a cash basis. Any account 60 days past due will automatically be C.O.D. Koehler & Dramm reserves the right to further limit or discontinue credit to any account at any time. If your credit has been discontinued for any reason, the old balance must be paid in full before credit will be considered again. There will be a 90-day waiting period before credit may be applied for.

This agreement is executed and delivered in the State of Missouri, and shall be governed in accordance with the laws of the State of Missouri with venue before the District Court of Clay County, Missouri.

This agreement applies to all transactions on your account even though invoices, sales or credit slips you sign may contain different terms. Koehler & Dramm may amend this agreement from time to time by sending you advance written notice. Use of the account thereafter will indicate your agreement to the amendments. If law permits, and we so indicate in our notice, amendments will apply to your existing account balance, as well as future transactions.

Koehler & Dramm may delay enforcing its rights under this agreement without losing them. Koehler & Dramm may accept late payments, partial payments, checks and money orders marked as being payments "in full" without losing any of its rights under this agreement. To the extent not prohibited by law, the undersigned agrees to pay all costs of collection, including reasonable attorney's fees and costs.

We accept cash, checks, Visa/MasterCard and American Express for your daily purchases with a \$50.00 minimum

This Disclosure Notice is being mailed or delivered to you so that your account will be in compliance with the Truth and Lending Act. This will enable us to manage YOUR cooperative more efficiently and economically for the benefit of all our patrons.

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President of Finance

I hereby acknowledge receipt of a copy of this instrument and agree to its terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

# CREDIT APPLICATION AND BUSINESS CREDIT REFERENCES

(At least four references. Must be filled out completely. Floral References Preferred)

- |   |   |
|---|---|
| 1. Name _____<br>Address _____<br>City _____<br>State/Zip _____<br>Phone # _____<br>Account # _____ | 3. Name _____<br>Address _____<br>City _____<br>State/Zip _____<br>Phone # _____<br>Account # _____ |
| 2. Name _____<br>Address _____<br>City _____<br>State/Zip _____<br>Phone # _____<br>Account # _____ | 4. Name _____<br>Address _____<br>City _____<br>State/Zip _____<br>Phone # _____<br>Account # _____ |

NAME OF BANK \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

AUTHORIZATION FOR RELEASE OF INFORMATION: \_\_\_\_\_  
(Signature)

## CREDIT TERMS AND GUARANTEE

All payments of amount owing by the undersigned to Koehler & Dramm (K&D) shall be first applied to any late charges imposed by K&D, then to any finance charges on the unpaid principal balance owing to K&D, and the remainder shall be applied to the principal balance then owing to K&D.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with our terms. All invoices are due and payable by the 10th of the following month. A charge of 1½% per month or an annual rate of 18% will be charged on past due accounts. Debtor will pay legal fees, collection fees, etc.

In consideration of your extension of credit at my/our request, I/we hereby personally guarantee to you the payment of any obligation of the company whenever the company shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the company. I/We do not consent to any modification or renewal of the credit agreement hereby guaranteed.

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_