



Puna Kamali'i Flowers, Inc.

16-211 Kalara Street, Keaau, Hawaii 96749

Ph (808) 982-8322 FAX (808) 982-8544

email: orders@punakamaliiflowers.com

www.punakamaliiflowers.com

FIRM INFORMATION:

NAME _____

TELEPHONE: (_____) _____

FAX: (_____) _____

DELIVERY ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

LEGAL STATUS PROPRIETORSHIP _____ PARTNERSHIP _____

CORPORATION _____ OTHER _____

YEAR ESTABLISHED _____

UNDER PRESENT OWNERSHIP SINCE _____

TYPE: RETAIL _____ WHOLESALE _____

BUSINESS PROPERTY OWNED _____ LEASED _____

FEDERAL I. D. # _____

RESALE CERTIFICATE: _____

OFFICERS / OWNERS NAMES	TITLE	YEARS WITH COMPANY	PHONE #

TRADE REFERENCE:

(LIST AT LEAST 2 FLORAL INDUSTRY SUPPLIERS FROM WHOM PURCHASES ARE MADE ON DIRECT CREDIT BASIS)

Company		
Address		
Years	Phone #	Fax #

Company		
Address		
Years	Phone #	Fax #

BANK REFERENCE: (NAME & BRANCH) _____

ACCT # _____

ADDRESS _____ TEL # (_____) _____

FAX # (_____) _____

CONTACT _____ TITLE _____

TERMS OF SALE: Net 30 days from date of invoice. A service charge of 1.5 percent (18% per annum) will be assessed on all amounts over 30 days.

PERSONAL GUARANTEE: In consideration of any credit extended I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by:

(Firm name) _____

incurred for merchandise furnished by PKF, INC., plus service charges and collections costs including attorneys fees (appellate if necessary) where applicable. This Guaranty shall be continuing and the full agreement of Guarantor(s) and is not subject to any oral conditions.

INDIVIDUAL

_____/_____/_____
Signature, Social Security #, Date

I HAVE READ, UNDERSTAND, AND ACCEPT THE ABOVE TERMS, AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE PKF, INC. TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES.

Applicant: _____
Signature & Title of Authorized Officer Date