



**Baltimore** 410-466-1600  
**Washington** 800-935-0343  
**Fax** 410-542-7661

**New Account Information Form**

Legal Name of business: \_\_\_\_\_  
 Doing Business As: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Delivery Address: \_\_\_\_\_  
 (If different from billing address)  
 Order Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
 Accounts Payable phone #: \_\_\_\_\_  
 Employer Identification Number(EIN) \_\_\_\_\_  
 Retail Sales Tax #: \_\_\_\_\_  
 (Must complete Cert. of Resale form to be non-taxable)  
 Name of business owner:(Print) \_\_\_\_\_  
 Home address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
 Home Phone #: \_\_\_\_\_ Social Security #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Have you ever filed for Bankruptcy?: Business: \_\_\_\_\_ Personal: \_\_\_\_\_

Personal Guarantee: I (we or either of us) will individually and or jointly guarantee full and prompt payment of all indebtedness by:(co.) \_\_\_\_\_ incurred for merchandise furnished by Calvert Wholesale Florists plus finance charges at a rate of 2% per month on any past due balance and collection costs/attorney fees at a rate of 30% of the balance due. This guarantee runs both jointly and severally in the event of multiple signatures. Such guarantee shall remain in force until its revocation is acknowledged in writing to Calvert Wholesale Florists.

Agreed to and accepted by (print) \_\_\_\_\_

Signature(s): \_\_\_\_\_ Title: \_\_\_\_\_

\*\*\*\*\*TO BE COMPLETED BY THE OFFICE\*\*\*\*\*

Acct. #: \_\_\_\_\_ Contact person \_\_\_\_\_

Sales persons: Cuts \_\_\_\_\_ Supply \_\_\_\_\_ G/H \_\_\_\_\_ Route \_\_\_\_\_

Credit Code: \_\_\_\_\_ Delivery Charge \$ \_\_\_\_\_

Delivery Instructions: \_\_\_\_\_

Approved/Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

