

ALWAYS BETTER WITH
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 help expedite 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 the Credit Application back to my attention at 888-219-4577 or email it to me at missya@melroseintl.com.

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

Thank you,

A handwritten signature in black ink that reads "Missy Abernathy". The signature is written in a cursive, flowing style.

Missy Abernathy
Credit | Accounts Receivables | Office Manager
Melrose International, LLC

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Credit Application



CUSTOMER INFORMATION (Please Fill Out Completely)

Firm's Full Legal Name:			
Mailing Address:		Shipping Address:	
City:	State:	County:	Zip:
Phone:	Fax:		

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 / Organized	
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> PROPRIETORSHIP	<input type="checkbox"/> LLC
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	Dated Started	
Former Business		Location	

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. #	Phone:
Street	City	Fax:
		State
		Zip
2. Name/Title	ACCT. #	Phone:
Street	City	Fax:
		State
		Zip
3. Name/Title	ACCT. #	Phone:
Street	City	Fax:
		State
		Zip
4. Name/Title	ACCT. #	Phone:
Street	City	Fax:
		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, we authorize Melrose International or it's agent to investigate the company credit and financial records including it's banking records. As part of such investigation, we authorize Melrose to request and obtain consumer credit reports on the company 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 the company by Melrose. We further authorize Melrose to share the information received from the company consumer credit report with Melrose. If I request, you will tell us whether the company 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 Signed:

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

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MELROSE INTERNATIONAL, LLC • 1400 North 30th Street, Suite 22, Quincy, IL 62305
800-282-2144 • www.melroseintl.com • support@melroseintl.com