



5595 Auburn Rd. Shelby Twp, MI 48317
 PHONE 586.799.2080 FAX 586.726.0779
 EMAIL sales@detroitcoralfarms.com

CREDIT INFO FORM

*****MUST SEND COPY OF TAX LICENSE OR PERMIT TO SELL*****

| | | | |
|---------------------|--|-----------------|--|
| COMPANY NAME | | | |
| OWNER'S NAME | | | |
| BUYER'S NAME | | | |
| PHONE: | | FAX: | |
| EMAIL: | | WEBSITE: | |

| | | | | | | | | |
|-------------------------|----------------|--|---------------------|--|---------------|--|------------------|--|
| YRS IN BUSINESS: | RETAIL: | | SERVICE | | ONLINE | | WHOLESALE | |
| HAVE STORE: | | | IF NOT WHEN: | | | | | |

| | | | | | |
|----------------------|--|------------|--|------------------|--|
| BILL ADDRESS: | | | | | |
| CITY | | ST: | | ZIP CODE: | |

| | | | | | |
|----------------------|--|------------|--|------------------|--|
| SHIP ADDRESS: | | | | | |
| CITY | | ST: | | ZIP CODE: | |

| | | | | |
|---------------------------------------------------------------------------------------------|-------------|--|----------------|--|
| CREDIT CARD INFORMATION...CIRCLE ONE: VISA MASTER DISCOVER AMERICAN EXPRESS | | | | |
| CREDIT CARD NAME (INDIVIDUAL) | | | | |
| CREDIT CARD NUMBER: | | | | |
| EXPIRATION / SECURITY CODE: | EXPIRATION: | | SECURITY CODE: | |

| | | | |
|-----------------------------------------|--|----------------------|-------------------------|
| AIRPORT CODE: | | AIRPORT CITY: | |
| AIRLINE (1ST CHOICE): | | | FLIGHT SPECIFIC: |
| AIRPORT CODE: | | AIRPORT CITY: | |
| AIRLINE (2ND CHOICE): | | | FLIGHT SPECIFIC: |

I _____ agree to authorize Detroit Coral Farms to charge this card for all orders made by me or our company. I understand that my credit card will be ran for authorized amount prior to packing the order to ensure funds are available before we ship the order. Applicant is responsible for all orders placed and is obligated by this application/contract to honor all payments for such orders. I hereby agree that all the information above is correct and true.

Purchasing Policy

We will work together with you to resolve any issues that may arise, so please trust and have faith that we are here to provide you the best service possible. Applicant agrees to absorb the first 5% of any DOA losses for any reason, which is the industry standard. Any "DOA claims" greater than 5% must be reported within 2 hours and you must send pictures to receive proper credit. Applicant fully agrees, **NOT TO CHARGE BACK** the credit card for any reason what so ever. Applicant must take full responsibility for any losses resulting from carrier delays or mishandling. In the event of such an occurrence, a claim will need to be filed with the carrier by you the customer. We will work with you on such occurrence to the fullest extent.

By signing below, applicant and/or company named above agrees with all policies set forth.

APPLICANT SIGNATURE (NOT TYPED NAME) _____

PRINT NAME _____ **DATE** _____



5595 Auburn Rd. Shelby Twp, MI 48316
PHONE 586.634.8522 FAX 586.726.0779
EMAIL sales@detroitcoralfarms.com

TRADE REFERENCES

**** Please provide three trade references ****

| Company Name | Address | Contact Info |
|--------------|---------|--------------|
| | | |
| | | |
| | | |

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