



Application for Credit with Gubler Orchids

Fax to: 760.364.2285 or
Mail to: POBox 3100 Landers CA 92285

Company Information

Company Name: _____ Owners Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Accounts Payable Contact: _____ Date Established: _____

Bank Information

Bank Name: _____ Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Trade References

Name: _____ Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____ Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____ Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____

I hereby give permission for Gubler Orchids to contact the above references to verify our credit information. I also understand that the service charge on any unpaid invoices over 30 days is 1.5% per month.

Signature: _____ Title: _____ Date: _____