

**NORCAL**

California Association of Flower Growers & Shippers  
"Serving the Floral Industry Since 1941"

## **MEMBERSHIP APPLICATION**

### **AG BUDDY MEMBERSHIP**

**Ag Buddy members are California companies that produce agricultural products other than ornamental cut flowers, such as edible flowers and herbs.**

#### **Ag Buddy membership includes the following:**

- Exclusive transportation rates with NORCAL (California Association of flower Growers & Shippers), special program with ONTrac and UPS also available with the submittal and acceptance of a completed credit application.
- Access to the California Floral Convention as attendees and exhibitors.
- All written communications.

#### **Ag Buddy membership requirements:**

1. Non-refundable application fee must be submitted with the application.
  2. In order to receive OnTrac benefits, applicant company must have been in business a minimum of a year as of the date of the application. A credit application must be completed in full, the Membership Policy must be signed and audited financial statements must be submitted along with the application.
  3. Membership application must be completed in full for consideration.
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**A. Applicant Information:**

1. Full legal name of applicant (including state of the organization if an entity):

\_\_\_\_\_

2. Form of entity (please check one):

Corporation     Partnership     Limited Liability Corp. (LLC)     Sole Proprietorship

3. Number of years in business: \_\_\_\_\_ Number of years under present ownership: \_\_\_\_\_

4. Location address of principle place of business:

\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

List email addresses of those in your company that would like to receive the NORCAL  
(California Association of Flower Growers & Shippers) Floral Facts.  
(no more than five please):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Mailing address (if different than location):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Address of each branch location in California (additional charges apply if you would like benefits extended to a second location. (Please refer to the annual dues section):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Full legal name and home address of each owner and percentage of ownership interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. List one person in your company who will be responsible for receiving all pertinent NORCAL (California Association of Flower Growers & Shippers) communications:

\_\_\_\_\_

9. Resale #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Market Enforcement #: \_\_\_\_\_

10. Type of business (check all that apply):

Grower  Shipper  Wholesaler  Other

\_\_\_\_\_

11. Please describe your business, product and customer base in as much detail as possible:

\_\_\_\_\_

\_\_\_\_\_

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**B. Program Usage Information:**

1. Which transportation programs do you foresee utilizing through NORCAL (California Association of Flower Growers & Shippers)?

ONTrac     FedEx     UPS     Airlines

*(Please contact the NORCAL (California Association of Flower Growers & Shippers) office for further information on any of these programs.)*

2. Please estimate the percentage of your product that traveled within California, Nevada and

Arizona this month: \_\_\_\_\_%

3. What volumes does your company currently ship in an average month?

Box volumes: \_\_\_\_\_ Dollar amount: \$ \_\_\_\_\_

**C. Owners of Applicant Information (if applicable):**

1. Full legal name of owner company (including state of the organization if an entity):

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2. Form of entity (please check one):

Corporation     Limited Liability Corp. (LLC)     Partnership     Sole Proprietorship

3. Number of years in business: \_\_\_\_\_ Number of years under present ownership: \_\_\_\_\_

4. Location address of principle place of business:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Toll Free \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

5. Mailing address (if different than location):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Full legal names and home address of each owner and percentage of ownership interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. Annual Dues:**

In addition to annual dues, Ag Buddy members shall be charged an assessment by NORCAL (California Association of Flower Growers & Shippers) based upon usage of the FedEx program. Currently, the assessment structure provides for an Ag Buddy member to remit to NORCAL (California Association of Flower Growers & Shippers) the sum of 2% of FedEx charges when average usage is \$150 per day or more, and 4% of FedEx charges when average usage is below \$150 per day. Billing schedule for assessments will be determined once application is accepted. Failure to remit assessments and/or dues will result in termination of membership.

***(Only the application fee is required at the time of application submittal.)***

**Ag Buddy Member:** **\$1100. –**

**Additional Location Fee (per location):** **\$650. –**

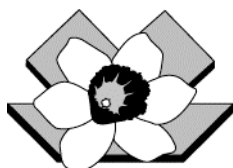
**Non-refundable Application & Processing Fee:** **\$100. –**

*This application will take a minimum of thirty days from the date of receipt to process. NORCAL (California Association of Flower Growers & Shippers) reserves the right to request personal guarantees when satisfactory credit cannot be established. A satisfactory credit approval is necessary to receive all of NORCAL (California Association of Flower Growers & Shippers) transportation benefits.*

***I verify that I, the undersigned, possess the authority to enter into this membership agreement on behalf of my company and I have completed this application truthfully. I agree to abide by the rules and policies of NORCAL (California Association of Flower Growers & Shippers). I understand that if at any time my company's operation no longer meets membership criteria or should my company violate membership policies, my membership, along with its privileges and benefits may be revoked.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_



# NORCAL

California Association of Flower Growers & Shippers  
 "Serving the Floral Industry Since 1941"

## AG BUDDY MEMBERSHIP POLICY

1. By making application for membership with NORCAL (California Association of Flower Growers & Shippers), member agrees to abide by the terms and conditions as stated in the association bylaws as well as the Membership policies set forth below.
2. **FedEx Assessment Terms:**  
*This term is standard to all Ag Buddies.*
  - All assessments due to NORCAL (California Association of Flower Growers & Shippers) are due immediately following the invoice date. Any assessment remaining unpaid after fifteen (15) days shall be cause for suspension and/or termination of membership benefits.
3. **OnTrac Terms:**  
*These terms will be used in the event that an Ag Buddy chooses to participate in OnTrac transportation program.*
  - All invoices due to NORCAL (California Association of Flower Growers & Shippers) and/or its subsidiaries are due within thirty (30) days from the date of the invoice (i.e. Net 30). Any invoice remaining unpaid after the due date, shall be cause for suspension and/or termination of membership benefits. A five percent (5%) late charge shall be due and payable on any balance not paid when due.
  - If NORCAL (California Association of Flower Growers & Shippers) is unable to ascertain a satisfactory credit history, in the Association's sole discretion, a security deposit will be necessary and a credit limit will be placed on the member company's transportation account in such amount as is determined by the Association. If the member company exceeds the stated credit limit, all amounts outstanding are immediately due and payable and all transportation privileges are suspended until such sums are paid.
  - The NORCAL (California Association of Flower Growers & Shippers) will place credit limits on existing member companies that do not pay their bills in a timely manner. A payment of the typical monthly bill will be required as a security deposit from those members in advance of shipping.
4. All memberships are non-transferable. Any member wishing to change its membership name must reapply for membership.
5. Membership benefits are extended only to NORCAL's (California Association of Flower Growers & Shippers) members in good standing. Any member who allows a non-member to use its member benefits shall be subject to disciplinary action and/or expulsion.
6. Member understands that transportation benefits exclusive to the NORCALs' (California Association of Flower Growers & Shippers) members are available outbound from California only. Member further agrees to keep rates and programs offered by its carriers confidential. In addition, member understands and agrees to abide by the rules, regulations and restrictions imposed by transportation carriers, from time to time.
7. If a returned check is received, member will be required to pay the \$25 returned fee. If a returned check is received more than once from a member, the Association reserves the right to request payment by cashier's check in the future.

8. Member understands that any action deemed to be abusive of any benefit or program offered by the NORCAL (California Association of Flower Growers & Shippers), and/or violates any of the above stated policies, as such policies may be amended from time to time, shall subject the member to suspension and/or termination of membership benefits.

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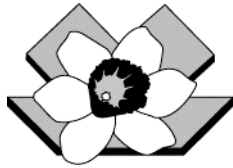
<b>Company Name</b>	
<b>Owner or Officer of the Company Signature</b>	<b>Title</b>
<b>Print Name</b>	<b>Date</b>

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820 Bay Ave., Suite 210 Capitola, CA 95010

Tel: (831) 479-4912 Fax: (831) 479-4914

[cafqs.org](http://cafqs.org)



# NORCAL

California Association of Flower Growers & Shippers  
"Serving the Floral Industry Since 1941"

## CREDIT APPLICATION & AGREEMENT

### A. Applicant Information:

1. Full legal name of applicant (including state of the organization if an entity):

\_\_\_\_\_

2. Form of entity (please check one):

Corporation

Partnership

3. Number of years in business: \_\_\_\_\_

Limited Liability Comp.

Sole Proprietorship

Number of years under present ownership: \_\_\_\_\_

4. Address of principle place of business:

Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Toll Free Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

5. Mailing address (if different than location):

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Full legal names and home address of each owner and percentage of ownership interest:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Credit Information of Applicant:**

1. Name of bank: \_\_\_\_\_

2. Account #: \_\_\_\_\_ Date account opened: \_\_\_\_\_

3. Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact name (optional): \_\_\_\_\_

4. Type of account:     Checking     Savings     Both**C. Applicants Financial Statements:**

Please supply Applicant's most recent audited financial statements along with this application. If the Applicant does not wish to produce financial statements, a security deposit will be required in lieu of financial statements, based on the Applicant's estimated monthly shipping volumes.

*This information is required because of the nature of NORCAL's (California Association of Flower Growers & Shippers) transportation programs. Some of the associations transportation programs are billed through the association office, and therefore all debts to the transportation companies are paid by the association until they can be collected from the members. The association requires this information in order to limit its own risk.*

**D. References:**

Please supply three floral credit references.

1. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*This credit application/ agreement is for the purpose of obtaining shipments for any of the pre-paid shipping programs of NORCAL (California Association of Flower Growers & Shippers).*

*NORCAL's (California Association of Flower Growers & Shippers) sole responsibility is to bill the Member for freight charges incurred. NORCAL (California Association of Flower Growers & Shippers) will not be held responsible for delayed shipments, lost merchandise or any damaged/unacceptable merchandise a customer may receive. Furthermore, the undersigned agrees to pay for any and all deliveries under and pursuant to its account whether ordered by the customer or by any person representing the customer.*

*As set forth in the Association's Membership Policy, a satisfactory credit approval is necessary to receive any transportation benefits. When satisfactory credit cannot be established, the Association will require a security deposit and will place a credit limit on the applicant's account. The Association further reserves the right to request personal guarantees of applicant companies that cannot establish satisfactory credit.*

*The undersigned Applicant agrees that in the event legal action becomes necessary by the NORCAL (California Association of Flower Growers & Shippers) to enforce these terms, or collect any monies due, all attorney's and collection fees, will be reimbursed to the prevailing party.*

***I authorize any of the references listed above to provide the NORCAL (California Association of Flower Growers & Shippers) with any and all information requested.***

*The individual signing below represents and warrants that the information provided in this application/agreement is true and correct. I agree that I have read the above terms and hereby agree to said terms.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

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