

**NORCAL**

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

## **MEMBERSHIP APPLICATION**

### **FLORAL MEMBERSHIP**

**Floral members are California companies involved in the growing and/or shipping of ornamental flowers, foliage crops, and/or potted plants.**

#### **Floral membership includes the following:**

- Exclusive transportation rates
- Access to California Floral Convention as attendees and exhibitors
- All written communications
- Voting privileges

#### **Floral Membership Requirements:**

- To receive full transportation benefits, the applicant company must have been in business a minimum of one year as of the date of the application.
- The majority of the floral products grown and/or shipped by the applicant company during the past year must have originated in the state of California.
- Three current NORCAL (California Association of Flower Growers & Shippers) floral members must endorse the applicant company for membership.
- Membership application and credit application must be completed in full for consideration. The Membership Policy must be signed and audited financial statements must be submitted along with the application or a security deposit will be required.
- Non-refundable application fee must be submitted with the application.



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

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

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

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

Grower     Shipper     Wholesaler     Other \_\_\_\_\_

11. Please describe your business, floral 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     Trucking companies     UPS     FedEx     Airlines

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

2. List the carriers that your company currently uses to ship:

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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 names and home address of each owner and percentage of ownership interest:

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2. Form of entity (please check one):

- Corporation
- Partnership
- Limited Liability Comp.
- Sole Proprietorship

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

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

4. Location address of principle place of business:

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

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

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

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

5. Mailing address (if different than location):

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

**D. Member References:**

Please supply three references that are NORCAL (California Association of Flower Growers & Shippers) Floral members.

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: \_\_\_\_\_

**E. Annual Dues:**

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

**Floral Member:** **\$895.**

Additional Location Fee (per location, California only): **\$450.**

Out-of-State Location Fee (per location): **\$650.**

All out of state locations will pay an additional 2% Floral Assessment Fee on all FedEx shipments which will be billed quarterly. The assessments are due upon receipt of the bill. If payment is not received within 15 days your transportation benefits maybe suspended.

Non-refundable Application Fee + Processing Fee: **\$200.**

4/9/09

*This application will take a minimum of thirty days from the date of receipt to process.*

*This application / agreement is for the purpose of obtaining membership benefits of NORCAL (California Association of Flower Growers & Shippers) including access to shipping programs. As to NORCAL (California Association of Flower Growers & Shippers) prepaid shipping program, 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 NORCAL's (California Association of Flower Growers & Shippers) Membership Policy, a satisfactory credit approval is necessary to receive any transportation benefits. When satisfactory credit cannot be established NORCAL (California Association of Flower Growers & Shippers) will require a security deposit and will place a credit limit on the applicant's account. NORCAL (California Association of Flower Growers & Shippers) 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.*

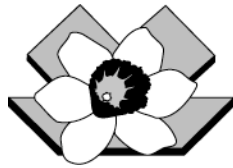
***I authorize any of the references listed above to provide NORCAL (California Association of Flower Growers & Shippers) with any and all information requested.***

*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.*

*I verify that I, the undersigned, possess the authority to enter into this membership agreement on behalf of the Applicant, 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, the 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"

## MEMBERSHIP POLICY

1. By making application for membership with the 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. All invoices due to the 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.
3. A five percent (5%) late charge shall be due and payable on any balance not paid when due.
4. If the NORCAL (California Association of Flower Growers & Shippers) is unable to ascertain a satisfactory credit history for a new member, 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.
5. 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. If a returned check is received, your company will be required to pay the \$25 returned check 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.
6. All memberships are non-transferable. Any member wishing to change its membership name must reapply for membership.
7. Membership benefits are extended only to the NORCAL (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.
8. Member understands that transportation benefits exclusive to the NORCAL (California Association of Flower Growers & Shippers) members are available outbound from California only. Member further agrees to keep confidential rates and programs offered by its carriers. In addition, member understands and agrees to abide by the rules, regulations and restrictions imposed by transportation carriers, from time to time.
9. 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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Company Name

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Owner or Officer of the Company Signature

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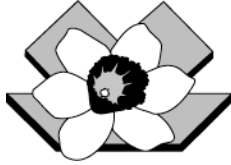
Title

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Print Name

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Date



**NORCAL**

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**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: \_\_\_\_\_

4/9/09

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: \_\_\_\_\_

820 Bay Ave., Suite 210 Capitola, CA 95010

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[www.cafgs.org](http://www.cafgs.org)