



EARLY PAYMENT PROGRAM
Addendum to
FLORAL ORDER FULFILLMENT AGREEMENT

I request to participate in the EARLY PAY PROGRAM and authorize BloomNet, Inc., a Delaware Corporation with offices at One Old Country Road, Carle Place, NY 11514 ("BloomNet"), to charge a 1% financing fee from EACH monthly statement, from the "Total Amount Due" for the then current statement period.

The EARLY PAY PROGRAM will allow for deposit of my payment on or about the 15th day of EACH month, for the statement period in which payment is normally deposited on or about the 25th of EACH month.

This agreement shall be in effect until I choose to opt out by notifying BloomNet in writing.

Please fax authorization to 1-877-296-5107.

To ensure that BloomNet has received your authorization, please contact BloomNet Customer Service immediately to verify your request has been received. (1-866-256-6663)

All requests must be received 30 days prior to the month you are requesting early payment for.

*******ALL INFORMATION MUST BE FILLED IN FOR PROCESSING*******

Florist Name: _____

BloomNet Shop Code: _____

City: _____

State: _____

Print Name (Owner): _____

Signature: _____

Date: _____

INTERNAL USE ONLY

BNFS_____ **BL SHOP CODE**_____ **DATABASE UPDATE**_____ **REV 11/09**