

# **Credit Application**

Please complete in full, sign and return the original credit application. All information submitted will be held in the strictest confidence and used solely for reference purposes within our Credit Department. Faxed credit applications will be accepted to begin the credit investigation; however, the original form is required for our files.

Company Na	me:		Ye	ar Started:		D/B/A	A or A/K/A:			
Billing Addres	s:									
City:						State:			Zip:	
Shipping Addr	ess:									
City:						State:			Zip:	
Telephone:			Fax:				E-mail:			
Company Str	ucture: Cor	poration LLC		Partne	ership		Proprietorshi	ip		
Type of Busir	ness:	olesaler Mass	s Market	Bouqu	uet Make	r 🗌	Retailer	0	ther	
Responsible Parties (Owners, Partners, Officers): Name: Social Security: Home Phone:					Home Phone:					
Accounts Paya	ble Contact:				Те	lephon	e:			
Credit Amoun	t Requested:		State Tax	:			Federal T	ax ID:		
Have you ever	filed for bankruptcy?	□Yes □No	lf yes, u	nder what n	ame and	year?				
hereby autho	i is hereby given to So rize the bank to relea nation will be kept co	se any account inf	verify an ormatio	nd contact a n requested	III refere for pui	nces a poses	nd persons of making c	listed redit	below decisic	. By signing below, I ons. It is understood
Name:						Signat	ure:			
Bank Refere	ence									
Name:						Conta	act Person:			
Address:						Account Number:				
Telephone:						Fax:				
Trade Refer	ence (List Miami Fl	ower Suppliers	First)							
Name:						Conta	act Person:			
Address:						Acco	unt Number	:		
Telephone:						Fax:				
Name:						Conta	act Person:			
Address:						Acco	unt Number	:		
Telephone:						Fax:				
Name:						Conta	act Person:			
Address:						Acco	unt Number	:		
Telephone:						Fax:				
I										



## Terms And Conditions Of Sale And Extension Of Credit

- I. **PAYMENTS.** Terms of credit are 30 days from statement date unless otherwise agreed upon in writing. Accounts not paid within terms will be considered delinquent.
- 2. DEDUCTIONS. No deduction on payment will be accepted without proper authorization.
- **3. INTEREST.** A delinquency charge of 1.5% per month (18% per annum) or the maximum allowed by law, whichever is greater, will be added or may be added on any amount which becomes past due according to the terms of sale.

#### 4. CREDIT/CLAIMS

- A.Any quality problems must be reported within 24 hours of receipt of the merchandise in question.
- B.All sales are FOB. Miami. Solé Farms accepts no liability for damage in transit. Title and ownership are passed to the buyer when the flowers are delivered to the designated carrier.

#### C.All flowers must be INSPECTED UPON ARRIVAL.

- D. NEVER discard or destroy your problem flowers without proper authorization. We often request that they be returned at our expense.
- E. NEVER return product without the proper authorization.
- 5. COLLECTIONS. In addition to all other charges and remedies, in the event of default in payment, Solé Farms shall be entitled to recover cost of collection, including reasonable attorney's fees, court costs, default interest at the highest rate permitted by law and such other and further relief as may be proper.
- 6. COURT JURISDICTION. Any suit which arises from an extension of credit by Solé Farms, shall be instituted and maintained in any court competent jurisdiction in Miami Dade County and shall be governed by Florida Law.
- 7. RETURN CHECK CHARGE. Any checks not honored by the bank, shall be subject to bank charges each time it is returned.
- 8. CHANGE IN TERMS/CONDITIONS. The terms and conditions of this application shall, upon extension of credit by Solé Farms, constitute an agreement of sale. I understand and accept the above terms and conditions and have provided true information to the best of my knowledge. I further authorize Solé Farms to verify any and all references that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies. I agree to inform Solé Farms of any changes in legal status of the company and to provide an updated credit application as may be requested periodically. I also understand that the completion of this form does not guarantee an open account. I understand that failure to enforce any of the terms set forth does not constitute a waiver of these terms in the future.

I certify that under the penalty of perjury that the statements contained in the application are true and correct and, understand that Solé Farms intends to rely on all of the information presented in the application in determining the firm's creditworthiness. In my capacity as an officer, partner, agent or owner, I am authorized to sign this credit application and agree to the above terms and conditions of sale and extension of credit. That if a corporation or partnership, the undersigned states and affirms that he/she is jointly and severally liable to all the terms, obligations and provisions in connection with Solé Farms.

Name:		Title:	Date:
	(Please type or print name)		
		Signature:	
		Thank you for doing business with Solé Farms!	

800 NW 62nd Avenue, Suite 510, Miami, FL 33126 - PH: 305 592-3377 - FX: 305 593-5111



### Personal Guarantee

The obligation of Guarantor under this Guaranty shall be a direct and primary obligation, and the Promisee shall not be required to exhaust any of the Promisee's rights or remedies against the Company or any Guarantor prior to making any demand on or invoking any of the Promises rights and remedies against a Guarantor. In furtherance of the foregoing, Promisee may proceed, at one time or successively and without notice to any Guarantor, against any Guarantor, or against any one or more of them. In any action brought by Promisee against a Guarantor under this Guaranty, no Guarantor shall be entitled to, and shall not, plead as a defense that Promisee is not legally or equitably insolvent or is dissolved or liquidated, and each Guarantor covenants and agrees to pay to the Promisee all costs and expenses (including attorney's fees) incurred by Promisee in any such action.

This Guaranty and all rights, obligations and liabilities arising hereunder shall be construed and enforced in accordance with the laws of the State of Florida.

This Guaranty shall bind each Guarantor below and each Guarantor's respective successors and assigns, and shall inure to the benefit of Promisee and Promisee's executors, administrators, personal and legal representatives, estate and legatees.

Guarantor:	Social Security No:				
Address:	City:State:Zip:				
Signature:	Date:				
Guarantor:	Social Security No:				
Address:	City:State:Zip:				
Signature:	Date:				



## **Bank Reference**

Date:			Acct:	
Customer:				
City:	Sta	ate:	Zip:	
Bank Name:				
Address:				
City:	Sta	ate:	Zip:	
Telephone:	Fa	ıx #:		
Bank Officer:		·	Title:	

Customer Signature: \_\_\_\_\_

The above customer has given us your name as a Bank Reference. Please fill out the following form. Enclosed is the authorization from the customer.

### This part is to be filled out by the bank

I) When was the account opened:

2)	Average	balance	(if applicable)	):
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3) Number of NSF checks (last 12 months):\_\_\_\_\_

4) Line of Credit with this company: \_\_\_\_\_

5) Account activity experience: Good\_\_\_\_\_ Fair\_\_\_\_ Poor\_\_\_\_

6) Other comments:

Thank you for your cooperation

Best regards,

Gustavo Diaz

Credit Manager

#### Please fax this form back to us at 305-593-5111