



## Credit Application

Corporate Name \_\_\_\_\_ Date \_\_\_\_\_

DBA or Company Name \_\_\_\_\_ FEIN # \_\_\_\_\_

Billing Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Type of Company:**  Proprietorship  Partnership  Corporation Years in Business \_\_\_\_\_ (Yrs)

**Type of Business:**  Wholesale  Retail  Other

Years in Business at this address \_\_\_\_\_ (Yrs)  Rent  Own

Landlord / Mortgage holder \_\_\_\_\_

Do you, or have you done business under another name?  Yes  No

If yes, what was the previous name? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Has

business ever filed for protection in a bankruptcy court?  Yes  No If yes, when? \_\_\_\_\_

Date of Discharge \_\_\_\_\_ Address of Bankruptcy Court \_\_\_\_\_

### Information Regarding Owner, Partner, or Corporate Officers

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers License# \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

DOB \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers License# \_\_\_\_\_

**BANK REFERENCES**

Name \_\_\_\_\_ Bank Officer \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Checking Account # \_\_\_\_\_ Loan # \_\_\_\_\_

**SHIPPING REFERENCES (Truck / Air)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_ Credit Limit \_\_\_\_\_

**BUSINESS REFERENCES (Within Floral Industry)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_ Credit Limit \_\_\_\_\_

**BUSINESS REFERENCES (Within Floral Industry)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_ Credit Limit \_\_\_\_\_

**BUSINESS REFERENCES (Within Floral Industry)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_ Credit Limit \_\_\_\_\_

**BUSINESS REFERENCES (Within Floral Industry)**

Name \_\_\_\_\_ Contact Person \_\_\_\_\_  
Address \_\_\_\_\_ City/ST/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_  
Account # \_\_\_\_\_ Account Type \_\_\_\_\_ Credit Limit \_\_\_\_\_

To the best of my knowledge, the above information is correct and I hereby authorize GARDENS AMERICA, INC. or a designated employee to contact credit references before credit is approved or any shipments are made.

The completion of this form in no way obligates GARDENS AMERICA, INC. to do business with the applicant. This decision is based solely on the discretion of GARDENS AMERICA, INC.

I understand your terms of sale are: All accounts are due between the 15<sup>th</sup> and 20<sup>th</sup> of the following month. A history of N.S.F. checks or past due amounts and late payments will result in immediate suspension and/or the account being turned over to an attorney or collection agency. Checks returned for insufficient funds or uncollected funds will be subject to a \$25.00 returned check fee. All quality claims must be reported to your account manager within 72 hours of receipt of product and a follow up written request should be faxed to GARDENS AMERICA, INC.

The undersigned agrees that Gardens America, Inc. accepts no liability for damage or missing boxes that may be the result of a third party. Ownership of the buyer's boxes are passed on to buyer once the product has been received by their designated carrier.

The undersigned further agrees that any changes in ownership, officers, or form that the business operates as, shall be made known to GARDENS AMERICA, INC. This notice shall be in writing and mailed to GARDENS AMERICA, INC., 1200 NW 78th Avenue, Suite101, Miami, FL 33126, by certified U.S. mail.

Please be advised that by signing below, you are granting GARDENS AMERICA, INC. a security interest.

To secure payment for all purchases from GARDENS AMERICA, INC. (hereinafter Secured Party), now and in the future, Debtor (undersigned) hereby grants Secured Party a continuing security interest in all of Debtor's presently owned or hereafter (a) goods, (b) instruments, (c) chattel paper, (d) books and records, (e) accounts, (f) accounts receivable, (g) general intangibles, and (h) payment intangibles and together with all proceeds and all support obligations thereof. The following constitute Debtor defaults: Non-payment in timely fashion of Debtor's indebtedness to GARDENS AMERICA, INC., bankruptcy, insolvency, or assignment for the benefit of creditors; misrepresentation in respect of any provision of this or any Agreement between GARDENS AMERICA, INC. and Debtor. In the event of default, GARDENS AMERICA, INC. may declare all unpaid balances due. Debtor authorizes Secured Party to file a financing statement describing the collateral.

We agree that GARDENS AMERICA, INC. may pursue all avenues of collection, including the use of an attorney, and authorizes GARDENS AMERICA, INC. to recover all charges and all other unpaid amounts due to ①Applicant's failure to pay for purchases of fresh cut flowers from GARDENS AMERICA, INC. ② Other unpaid charges and reasonable legal fees, collection costs, court costs and pre-judgement interests at 1.5% per month (annual rate 18%) or the maximum allowed by law, on the unpaid balance. Customer agrees to jurisdiction and venue in Miami-Dade County, Florida. Customer waives the right to jury trial.

The undersigned agrees to the responsible generally for all costs of collection including attorney's fees and court costs and agrees that, where applicable, GARDENS AMERICA, INC. shall have a right of offset.

_____	_____
<i>Signature</i>	<i>Date</i>
_____	_____
<i>Print Name</i>	<i>Print Title</i>

**MUST BE SIGNED BY AN OFFICER OR OWNER OF THE COMPANY.**

**PERSONAL GUARANTEE**

TO: GARDENS AMERICA, INC.

Please sell and deliver to:

(Business Name)

of (Address)

or representatives, on your usual credit terms of sale, such goods, wares, and merchandise as they or their representatives may order or select, and in consideration thereof I / We hereby fully Guarantee and hold myself / ourselves personally responsible for the payment at maturity of the purchase price of all such goods, wares and merchandise so sold or delivered, whether evidenced by open account, acceptance, note or otherwise. I / We waive notice of acceptance hereof, amounts of sales, dates of shipments or deliveries, notice of default in payment and legal proceedings against the purchaser.

I / We the undersigned, notwithstanding any corporate title which may be indicated, do hereby agree to be individually, jointly, and severally responsible for the obligations to your company or companies extended as a direct or indirect result of this application for credit, whether issued prior to, or after the date set forth on this application.

This is intended to be, and shall be construed to be, a continuing Guarantee applying to all sales made by you to the aforesaid, and shall not be revoked by the death of the Guarantor(s) but shall remain in full force and effect until I / We or my / our Executors or Administrators shall have given notice in writing to make no further advances on the security of this Guarantee, and until such notice shall have been received by you.

It is understood and agreed that there is no limit to my / our liability under this Guarantee.

Now, should it become necessary to place this Guarantee with a Collection Agency and/or Attorney for collection, suit or other legal action, I / We hereby agree to pay all costs of such collections, suit or other legal action, including reasonable Collection and Attorney fees. I / We also agree for any suit filed, venue shall be in Miami-Dade County, Florida.

WITNESS my / our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 2010

Witness:

\_\_\_\_\_  
*Print Name* *Signature*

State of \_\_\_\_\_ County of \_\_\_\_\_

(Seal)

Notary:

\_\_\_\_\_  
*Print Name* *Signature*

\_\_\_\_\_  
Owner / CEO *Print Name*

\_\_\_\_\_  
Owner / CEO *Signature*

\_\_\_\_\_  
*Date*

**This signature authorizes GARDENS AMERICA, INC. to pull a personal credit report.**