

CREDIT APPLICATION

GENERAL INFORMATION

Credit Line Requested: \$ _____ Firm Name: _____
 Individual Name: _____ d/b/a Name: _____
 Billing Address: _____ Shipping Address: _____
 City & State: _____ City & State: _____
 Zip Code + 4: _____ Zip Code +4: _____
 Telephone #: () _____ Telephone #: () _____ Fax #: () _____
 _____ Fax #: () _____

AGRICULTURAL LICENSE / BOND INFORMATION

Florida Agricultural License #: _____ Bond #: _____
 Bond Company: _____ Bond Amount: \$ _____
 Effective Date: _____ Expiration Date: _____

PURCHASING INFORMATION

Do you use purchase orders? Yes () No () If yes, please print the name(s) of authorized purchaser(s) below and have them sign:

Name: _____ Signature: _____
 Name: _____ Signature: _____

BUSINESS INFORMATION & REFERENCES

PLEASE LIST NAME(S) OF OWNER(S), PARTNER(S), OFFICER(S) AND THEIR TITLE(S) BELOW:

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

BUSINESS REFERENCES - (FAX #'S REQUIRED):

Name: _____ Address: _____
 City & State: _____ Zip Code + 4: _____
 Telephone #: () _____ Fax #: () _____

Name: _____ Address: _____
 City & State: _____ Zip Code + 4: _____
 Telephone #: () _____ Fax #: () _____

Name: _____ Address: _____
 City & State: _____ Zip Code + 4: _____
 Telephone #: () _____ Fax #: () _____

BANK REFERENCE / OWNER AUTHORIZATION FOR VERIFICATION OF BANK REFERENCE

Bank Name: _____ Address: _____
 City & State: _____ Zip Code + 4: _____
 Account # : _____ Bank Officer: _____
 Telephone #: () _____ Fax #: () _____
 Owner: _____ Title: _____
 Signature: _____ Date: _____
 Social Security Number: _____