

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 Name	e:	Year Started:		D/B/A	D/B/A or A/K/A:	
Billing Address:						
City:			State:	Zip:		
Shipping Addres	ss:					
City:			State:	Zip:		
Telephone:			Fax:	E-mail:		
Company Stru	cture:	□ Corporation		Partnership		
Type of Busine	ess: 🗌 V	Vholesaler 🗌 Mass	Market 🗌 Bouque	et Maker 🗌 Retailer	Other	
Responsible	Parties	(Owners, Partners	s, Officers):			
Name:		Home Address:		Social Security:	Home Phone:	
Accounts Payab	ole Conta	ıct:		Telephone:		
•				•):	
	•					
	led for ha	nkriintev// YAS	I No It vas linda	er what name and vear?		
riave you ever in	led for ba	nkruptcy? 🗆 Yes	☐ No If yes, unde	er what name and year?		
Authorization i	s hereby	given to FMI Farm	s to verify and cont ank to release any	tact all references and	l persons listed below. equested for purposes	
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TERMS AND CONDITIONS OF SALES AND EXTENTION OF CREDIT

- **I. PAYMENTS.** Terms of credit are prepayment 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 online at www.fmifarms.com/clams within 48 hours of receipt of the merchandise in questiton.
- **B.** All sales are **FOB**. Miami. FMI 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, FMI 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 FMI 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 FMI 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 FMI 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 FMI 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 FMI 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 FMI Farms.

Name:	(Please type or print name)	Title
Signature:		Date:



PERSONAL GUARANTEE

In consideration of FMI Farms (here in after referred (here in after		,	
and severally (collectively referred to as the "Guarante Promisee the performance by the Company of each ar including, without limitation, the payment to the Promis or legal representatives or estate or legatees) of all sur	or"), hereby abo nd every covena ee (or, if applic	solutely and unconditiona ant, agreement and obliga able, his executors, admir	ally guarantees to the ation of the Company nistrators or personal
The obligation of Guarantor under this Guaranty shall be required to exhaust any of the Promisee's rights of making any demand on or invoking any of the Promise the foregoing, Promisee may proceed, at one time or so Guarantor, or against any one or more of them. In any Guaranty, no Guarantor shall be entitled to, and shall not insolvent or is dissolved or liquidated, and each Guarant and expenses (including attorney's fees) incurred by Promise the Guaranty and all rights, obligations and liabiliting accordance with the laws of the State of Florida.	or remedies ag es rights and re uccessively an action brough ot, plead as a d antor covenant fromisee in any	rainst the Company or are medies against a Guarar d without notice to any Guarant by Promisee against a refense that Promisee is not and agrees to pay to the such action.	ny Guarantor prior to ntor. In furtherance of uarantor, against any Guarantor under this ot legally or equitably ne Promisee all costs
This Guaranty shall bind each Guarantor below and ear inure to the benefit of Promisee and Promisee's exe estate and legatees.		•	
Guarantor:	_ Social Sec	urity No:	
Address:	_ City:	State:	Zip:
Signature:	D	ate:	
Guarantor:	_ Social Sec	urity No:	
Address:	_ City:	State:	Zip:
Signature:	D	ate:	



BANK **REFERENCE**

Date:	Account No:		
Customer:			
City:	State:	Zip:	
Bank Name			
Address:			
City:	State:	Zip:	
Telephone:	Fax:		
Bank Officer:		Title:	
The above customer has given Enclosed is the authorization fror	us your name as a Bank Reference on the customer.	e. Please fill out the following	form.
	his part is to be filled out b	-	
) When was the account opened	:		
2) Average balance (if applicable):		
3) Number of NSF checks (last 12	2 months):		
1) Line of Credit with this compar	ıy:		
5) Account activity experience:	Good ☐ Fair ☐ Poor		
6) Other comments:			
,			
Best regards,			
oot rogarao,			