



- P.O. Box 526447 Miami, FL 33152-6447 • Toll Free: 877-696-0831
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Credit Application

Legal Status: Proprietorship ___ Corporation ___ LLC ___ Partnership ___
 Company Name: _____ DBA: _____
 Address: _____ Officer/Owners Name: _____
 City: _____ Years in Business: _____
 State: _____ Zip: _____ Telephone #: _____
 Bankruptcy: Yes ___ No ___ Fax #/E-mail: _____
 Business Property Owned _____ Leased From: _____
 Business Type: Retail ___ Wholesale ___ Fed. ID#: _____

References for Commercial Use

(Please list 4 Cut Flower Firms from whom you are buying on an open account basis)

No Transportation or Hard goods Suppliers

Name	City/State	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Bank References

Name of Bank: _____ Account #: _____
 City/State: _____ Branch: _____
 Name of Officer: _____ Telephone #: _____

All amounts not paid within 30 days shall be considered past due. A monthly finance charge in the amount of 1 ½ percent per month will be added to all past due amounts. In the event it becomes necessary for TRILOGY FLORAL to employ an attorney or collection agent, whether suit be brought or not, the Principal hereunder and all Guarantors agree to pay all reasonable costs or collection, including, but not limited to, court costs, filing fees and reasonable attorney fees at trial, including any appeals. It is agreed that this credit application and any obligations and agreements arising here from shall be governed by and construed in accordance with the laws of the State of Florida and Miami-Dade County of Florida shall be the place of venue for all actions against the Principal and/or Guarantor.

 Name of Corporate Officer (Please Print)

 Signature Date

 Name of Corporate Officer (Please Print)

 Signature Date

Personal Guarantee

In consideration of any credit extended, I/We/Either of Us will individually and/or jointly guarantee payment of all indebtedness incurred by _____ or merchandise furnished by (Trilogy Floral) plus finance charges and collection costs if incurred. Such guarantee shall remain in force until its revocation is made in writing by return receipt mail to (Trilogy Floral). Such revocation shall affect indebtedness incurred prior to receipt of written notice (return receipt mail).

Individual: _____
 Signature Please Print Name SSN Date

Individual: _____
 Signature Please Print Name SSN Date