



BRANDS YOU KNOW – PEOPLE YOU TRUST

Fresh Flower Growers · Distributors · Marketers
10200 NW 21st Street Suite 112, Doral FL 33172
Telephone. 305-594-3048 · Fax. 305-594-3049 · Toll Free. 866-RIO-ROSE (746-7673)
www.Equiflor.com

Credit Application

General Information

Company Name: _____
Doing business as: _____ A/K/A: _____
Shipping address: _____
Mailing address: _____
Phone: (____) _____ Fax: (____) _____
Email Address: _____ Website: _____
How long at this location? _____ Own: _____ Rent: _____
Landlord/Mortgage Holder: _____
Address: _____
Accounts Payable Contact: _____ Phone: (____) _____
Authorized Buyers: _____ Phone: (____) _____
Credit Extension Requested: _____

Business Information

Date Business Started: _____ Company Structure: _____ Corporation _____ LLC _____ Partnership _____ Proprietorship
Name of other business within this trade? _____ Location _____
Federal Identification Number: _____ Sales Tax Number _____
Date of Incorporation: _____ State of Incorporation: _____
Have you ever filed for bankruptcy? : _____ Yes _____ No
If so, under what Name, Chapter, and Year _____

Banking Information

Name of bank: _____
Address: _____
Person to contact: _____ Phone (____) _____ Fax (____) _____
Account Number: _____ Date account opened: _____

Owners, Partners, Officers Information

Name	Title	Home Address	Home Phone	SS No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Secured Assets:

Describe Assets	Name Creditors / Address	Amount of Debt

I hereby, authorize Equiflor Corp. to verify and contact all references and persons listed below. By signing below, I hereby authorize the bank to release any account information requested for purposes of making credit decisions. It is understood that all information will be kept strictly confidential.

Name _____ Signature _____

Trade References Information

Major/Miami flower suppliers

- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____
- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____
- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____
- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____

Other References

- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____
- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____
- Supplier: _____ Phone (____) _____
Person to Contact: _____ Fax (____) _____



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Terms and Conditions of Sale and Extension of Credit

1. Payments

Terms of credit are 10 days from statement date unless otherwise agreed upon in writing. Account not paid within terms will be considered delinquent.

2. 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 more than 15 days from the net due date appearing on each invoice and thereafter on delinquent amounts until paid.

3. Credit/Claims

- a) Any quality problem must be reported by phone within 24 hours of receipt of merchandise in question and followed up by a written request.
- b) All Sales are F.O.B. Miami and Equiflor Corporation accepts no liability for damage in transit. Title and ownership are passed to the buyer when the flowers are Invoiced and are sold F.O.B. our dock.
- c) All Flowers must be INSPECTED UPON ARRIVAL.
- d) NEVER discard or destroy your damaged flowers without proper authorization and control number. We often request that they be returned at our expense.
- e) NEVER return product without the proper authorization and control number.

4. Deductions

No deduction on payment will be accepted without proper authorization and control number.

5. Collections.

In addition to all other charges and remedies, in the event of default in payment, Equiflor Corporation shall be entitled to recover all cost of collection, including reasonable attorney’s fees, court costs, default interest and the highest rate permitted by law and such other and further relief as may be proper.

6. Court Jurisdiction

Any suit that arises from an extension of credit by Equiflor Corporation shall be instituted and maintained in any courts 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. Future sales may be subject to cash terms.

8. Change in Terms/Conditions

Should credit extension be granted, all credit shall be extended at the sole discretion of Equiflor Corporation. Equiflor Corporation reserves the right to change these terms and conditions or to terminate an account at any time.

The terms and conditions of the application shall, upon extension of credit by Equiflor Corporation, 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 Equiflor Corporation 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 Equiflor Corporation of any changes in legal status of the company and 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 Equiflor Corporation intends to rely on all of the information presented in this 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.

Name (Please Print)

Title

Signature

Date

Name (Please Print)

Title

Signature

Date



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Personal Guarantee

In consideration of Equiflor Corporation, extending credit to my/our request, I/we jointly and individually hereby irrevocably, absolutely and unconditionally personally guarantee the payment of all my/our obligations. The undersigned hereby agrees that in the event of any default by the above firm, Equiflor Corporation, shall be entitled to proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay all costs and expenses of collection, including attorney’s fees, court cost, and default interest at the highest rate permitted by law in enforcement of this guarantee.

This guarantee shall remain in force until Equiflor Corporation acknowledges its revocation in writing. Such revocation shall not affect any obligation incurred prior to receipt of written notice by Equiflor Corporation.

Guarantor _____ SS# _____
(Please type or print name)

Signature _____

Guarantor _____ SS# _____
(Please type or print name)

Signature _____

Proprietor Authorization

By signing this application, I authorize Equiflor Corporation or its agent to investigate my personal credit and financial records including my banking records. As part of such investigation, I authorize Equiflor Corporation to request and obtain consumer credit reports on me in connection with the opening, monitoring, renewal and extension of this and other accounts with Equiflor Corporation and the marketing of other products and services to me and my business by Equiflor Corporation. I further authorize Equiflor Corporation to share the information received from my consumer credit report with Equiflor Corporation parent, subsidiaries, and affiliates (and others if applicable). Upon my request, Equiflor Corporation will provide me with the name and address of my consumer credit reporting agency that furnished the report.

First Name _____ Initial _____ Last Name _____ SS# _____

Home Address _____ Home Phone # (____) _____

City _____ State _____ Zip _____

Authorized Signature _____ Date _____



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Request For Bank Credit Information

Inquiree to complete this section	Date: _____ To: _____ RE: _____ Bank Name _____ Company _____ Address 1 _____ Address 1 _____ Address 2 _____ Address 2 _____ City, State, Zip _____ City, State, Zip _____ _____ Bank Account Number _____ I hereby authorize the financial institution named above to release all account and loan information to Equiflor Corporation or its designee and further authorize Equiflor to obtain other credit information including D&B reports, credit bureau reports and other credit information as needed. _____ Name _____ Title _____ Signature _____
Inquirer to complete this section	The above referenced account has applied to us for an open credit line of \$ _____ and has given your bank as a reference. Please fill in the information requested below. We would appreciate any additional information which would prove helpful. Sincerely, _____ Please return a copy of this completed form to my attention at the following address: _____ Silvia Lavin, Credit Manager Equiflor Corporation 4405 NW 97th Avenue Miami, Florida 33178 (305) 594-3048 Telephone (305) 594-3049 Facsimile Signature _____
Bank to complete this section	Checking Account: Opened: _____ Average Balance: \$ _____ Returned Items: Yes <input type="checkbox"/> No <input type="checkbox"/> Satisfactory: Yes <input type="checkbox"/> No <input type="checkbox"/> Loans: Opened: _____ High Credit: \$ _____ Balance: \$ _____ Secured by: _____ Unsecured: \$ _____ Payment History: _____ _____ Opened: _____ Average Balance: \$ _____ Returned Items: Yes _____ No _____ Satisfactory: Yes _____ No _____ Loans: Opened: _____ High Credit: \$ _____ Balance: \$ _____ Secured by: _____ Unsecured: \$ _____ Payment History: _____ _____ Comments: _____ _____ _____ Signature _____ Title _____ Date _____