



P.O. BOX 524306
 MIAMI, FLORIDA 33152
 305-591-2244 . 800-327-2320
 FAX: 305-591-9982

CONFIDENTIAL CREDIT APPLICATION

AMT OF CREDIT REQUESTED: _____

DATE: _____

We welcome your interest in doing business with our company.

For your convenience and to serve you more efficiently and completely, we encourage establishment of an open account.

All information submitted will be held in strict confidence and used solely for reference purposes within our credit department.

The extent to which this application is completed will assist us in determining the extent of your line of credit.

LEGAL NAME (Corp.) _____	PH. _____	FAX: _____
COMPANY NAME (D/B/A) _____		
MAILING ADDRESS _____	CITY: _____	STATE: _____ ZIP: _____
SHIPPING ADDRESS _____	CITY: _____	STATE: _____ ZIP: _____
LEGAL STATUS: _____	PROPRIETORSHIP _____	PARTNERSHIP _____ CORPORATION _____
YEAR ESTABLISHED: _____	UNDER PRESENT OWNERSHIP SINCE: _____	
BUSINESS PROPERTY OWNED: _____	LEASED FROM: _____	
TYPE OF BUSINESS: _____	RETAIL: _____	WHOLESALE: _____ FED ID# _____
OFFICER'S/OWNER'S NAME: _____	TITLE _____	SSN _____ RESIDENCE _____ PHONE # _____
_____	_____	_____
_____	_____	_____

TRADE REFERENCES: (List at least 5 CUT flower suppliers from whom purchases are made from on direct credit basis.) (Please do not list transportation or hard goods suppliers.)			
NAME	ADDRESS	CITY, STATE, ZIP	PHONE #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BANK REFERENCES (Name & Branch): _____	Account #: _____
Address: _____	Phone #: _____
Name of Officer you Deal with: _____	Date Acct. Opened: _____
Authorized Check Signature(s): _____	

TERMS: All invoices due and payable net 20 day end of month (date of statement) in which shipping occurs. Any balance is considered overdue if unpaid by next statement. 1 1/2% interest will be charged on all overdue balances. All conditions of sale are final and set forth by Esprit Miami, unless approved in writing by Esprit Miami, Inc. **SALES WILL BE SUSPENDED IF AN ACCOUNT HAS ANY BALANCE OVER 60 DAYS OR IF CREDIT LIMIT IS EXCEEDED.**

I/We authorize (creditor) to make whatever credit inquires it deems necessary in connection with this credit application or in the course or review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the lender any information it may have or obtain in response to such credit inquires and agree that same shall remain your property whether or not credit is extended. All information set forth on this application is declared to be a true representation of the facts for the purpose of obtaining the credit requested and any willful misrepresentation on this application could result in criminal action.

Signature: _____

PERSONAL GUARANTEE:
 In consideration of any credit being extended we the undersigned do hereby personally guarantee the full and prompt payment of any and all indebtedness by : (Company Name) _____, including but not limited to, actual charges incurred for merchandise purchased. 1 1/2% finance charge on all past due balances, collection and or attorney fees (20-40%), and court costs. The applicant also hereby acknowledges jurisdiction and venue of the courts of the State of Florida. This guarantee shall be continuing and the full agreement of the guarantor(s) and is not subject to any oral conditions or revocation until actual written notice had been received by Esprit Miami, Inc. If more than one guarantor executes the agreement, their liability is joint and several.

Individual: _____ Signature _____ Social Security _____

Print Name: _____

