



# Farm Exports, Inc.

The undersigned company is applying for credit with and agrees to abide by the standard terms and conditions as printed on this form

**RETURN this completed application and a copy of your resale tax license to fax: 805-409-3917**

## CREDIT APPLICATION

### General Information

Company Name: _____	Date: _____
DBA (if different): _____	Phone: _____
Physical Company Address: _____	Toll Free: _____
City: _____	State / Zip: _____
Mailing Address: _____	Fax: _____
Landlord/Mortgage Holder: _____	Phone: _____
Federal ID # OR Owner's SSN _____	Email: _____
Years in Business at this address: _____	(Yrs.)
Established Since: _____	Accounting Contact: _____
Estimated Annual Sales: _____	# of Employees: _____
Sales Contact: _____	
Credit Amount Requested: _____	Sales Area: _____

### Business Entity Information

Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	Years in Business: _____	(Yrs.)
Name of Registered Agent: _____	State of Incorporation: _____	
Type of Business: <input type="checkbox"/> Wholesale <input type="checkbox"/> Retail <input type="checkbox"/> Other: _____		
Do you or have you done business under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle one)	If yes, what was the name? _____	
Has business ever filed for protection in bankruptcy court? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle one)	If yes, when? _____	

### Information Regarding Company Owner, Partners, and/or Corporate Officers

Company Owner Name: _____	Mobile # _____	Home: _____
Home Address: _____	City: _____	State / Zip: _____
DOB: _____	Soc. Sec. # _____	Driver's License # _____
Name 2: _____	Mobile # _____	Home: _____
Home Address: _____	City: _____	State / Zip: _____
DOB: _____	Soc. Sec. # _____	Driver's License # _____
Name 3: _____	Mobile # _____	Home: _____
Home Address: _____	City: _____	State / Zip: _____
DOB: _____	Soc. Sec. # _____	Driver's License # _____

### Purchases

Is there a purchase order required? Yes No (circle one)

Authorized Purchaser? \_\_\_\_\_

Will purchases be done over the phone? Yes No (circle one)

**Shipping Information**

Shipping Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Account # \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Account # \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank References**

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Bank Officer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Business References**

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Account # \_\_\_\_\_ Account Type: \_\_\_\_\_ Credit Limit: \_\_\_\_\_

**Credit Card Guarantee**

I hereby authorize Farm Fresh Exports, Inc. to charge my credit card account(s) as indicated below for products and/or services purchased in connection with this application.

Type of Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_ Card Type: Visa MC AMEX

Credit Card Number: \_\_\_\_\_ Name as it appears on card: \_\_\_\_\_

Billing Address \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**GENERAL TERMS & CONDITIONS**

- 1 An invoice becomes past due if more than 10 days have passed from the due date printed on the invoice.
- 2 A service charge of 1.5% per month will be added to the total of all past due invoice amounts commencing on the 30th day from and after the time the sums outstanding are due and payable.
- 3 No additional credit will be issued to past due accounts unless a satisfactory arrangement has been made with us.
- 4 **PERSONAL GUARANTEE:** Those signing this application, whether signing as an officer or not, absolutely and unconditionally and irrevocably, guarantee all payment for all items purchased on credit from Farm Exports. This guarantee is a continuing guarantee and all liabilities guaranteed hereby shall be conclusively presumed to have been created in reliance hereon. Outstanding balances are subject to 1.5% per month interest. The undersigned authorizes and releases all banks, persons, and companies listed on this application to furnish information and authorizes the checking of credit. The undersigned agrees to pay all collection costs, court costs, and legal fees incurred to collect delinquent balances. In consideration for credit extended, the undersigned contracts and guarantees to the faithful payment, when due, of all accounts of the company seeking credit. The undersigned guarantor waives all notice of acceptance of this guarantee, notice of extension by credit, presentment of demand for payment and any notices of default by the company seeking credit and all other notices the guarantor might be entitled to.
- 5 All product is sold according to agreed upon FOB port and/or cargo carrier. FARM EXPORTS is not responsible for shipping complications. FARM EXPORTS is responsible for ordered product until delivered to selected cargo carrier. All quality claims due to logistic complications are the responsibility of the cargo agency and/or carrier must be resolved with the respective. FARM EXPORTS sales are FOB Quito.
- 6 All credit problems must be reported in writing within 48 hours after receipt of flowers. We are not responsible for shipping complications. If we do not receive a written notification within the stated period it will be understood that the products were received in satisfactory condition and no further claims will be accepted. Please examine your flowers carefully upon receipt. We are not responsible for shipping costs, flowers are sold EXW Cargo Carrier. All claims are based on the FOB sale. Shipping in not applicable to the claim total.
- 7 The undersigned further agrees that any changes in ownership, officers, or form that the business operates as shall be made known to FARM EXPORTS. This notice shall be in writing and mailed to FARM EXPORTS, 404 N 8th Street, Suite 170, Boise, Idaho 83702 by certified U.S. mail.
- 8 I understand the terms of sale. All accounts are due according to the agreed upon credit terms. A history of NSF checks or past due amounts and late payments will result in immediate suspension and/or the account being turned over to an attorney or collection agency. Checks returned for insufficient funds or uncollected funds will be subject to a \$25 returned check fee.
- 9 In the event that it becomes necessary to collect the sum owed or any part of the sum, the Applicant and Guarantor agree to pay any and all costs incurred in collection including attorney fees, plus interest as described above in Condition Number 2.
- 10 The laws of the State of Florida shall control. Venue shall be in Dade County.
- 11 All invoice discrepancies must be resolved within one week of shipping date.
- 12 All wire transfer banking fees are to be absorbed by the client.
- 13 Please be advised by signing below, you are granting FARM EXPORTS a security interest.

I represent that the above information is true and complete and is given to extend credit to the applicant. My company and I authorize FARM EXPORTS to make such credit investigation as it sees fit, including contacting the above references and bank and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose any and all information concerning the financial and credit history of the company and myself. I have read the terms, disclosures, and conditions stated herein and agree to all these terms and conditions.

\_\_\_\_\_  
Signature of Guarantor as Authorized Representative of the Company

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of Guarantor

\_\_\_\_\_  
Title

**Please return completed form to: [sales@farmexports.com](mailto:sales@farmexports.com)**