

National Orchids, Inc.
 6911 Northwest 46 Street
 Miami, Florida 33166
 Tel: 305-436-5678 * Fax: 305-436-7989

Application for Credit

TRADE OR CORPORATE NAME:	OWNER'S NAME:
ADDRESS:	TELEPHONE NUMBER:
CITY, STATE, ZIP:	FAX NUMBER:
NUMBER OF YEARS ESTABLISHED:	CORPORATION: <input type="checkbox"/> PARTNERSHIP: <input type="checkbox"/> PROPRIETORSHIP: <input type="checkbox"/>

TRADE REFERENCES: (Please list 3 firms from whom purchases are on an open account basis.)

COMPANY NAME	CITY, STATE	TELEPHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

BANK REFERENCES:

Name of Bank: _____

Name of Branch: _____ City, State: _____

Account Number: _____

Name of Officer: _____ Telephone Number: _____

PERSONAL GUARANTEE:

In consideration of any credit extended, I (we or either of us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by (firm name) _____ incurred for merchandise furnished by *National Orchids, Inc.* plus finance charges and collection costs if incurred. Such guarantee shall remain in force until its revocation is acknowledged in writing to *National Orchids, Inc.* Such revocation shall not affect indebtedness incurred prior to receipt of written notice (return receipt mail).

Individual: _____
 Signature Title Social Security Number Date Signed

Individual: _____
 Signature Title Social Security Number Date Signed

 The above information is correct to the best of my knowledge and I/we hereby authorize *National Orchids, Inc.* to verify any and all references we have given. In consideration of your extending credit to the above account, I/we understand your terms of sale are NET 30 Days **from date** of invoice. I/We further agree that a finance charge of 1 1/2 % per month will be due and payable on all balances over 30 days. The undersigned agrees to pay all costs of collection, whether suit is sought or not. Said cost of collections shall include but not be limited to attorney's fees, court costs, and all other costs expended in the collection process.

 Signature of Owner or Officer Print Name Title Date Signed