



**POWER BLOOM
FARMS**

31600 SW 219 Ave.
Homestead, FL 33030

PH: 305-247-075 Fax: 305-247-6276

CREDIT APPLICATION FOR POWER BLOOM FARMS

BUSINESS CONTACT INFORMATION

Title:			
Company name:		Tax ID #	
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account	Account number		
Savings			
Checking			
Other			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

POWER BLOOM FARMS

Credit Application Continued

Terms of Sale:

Net 30 days. A finance charge of 1.5% per month, annual percentage rate of 18%, will be added to past due accounts.

I understand and agree to the terms of sale. Everything stated in this application is true and correct to the best of my knowledge. It is understood you will retain this application whether or not it is approved. If, in the event that Power bloom Farms and Growers, Inc. deems it necessary to place my account under the hands of an attorney for collection for any past due accounts, I agree to pay all and any reasonable court costs and attorney's fees. This application must be completed in full and will be held in the strictest of confidences.

Signature: _____
Date: _____
Title: _____

Signature: _____
Date: _____
Title: _____

Individual Personal Guarantee

I, _____, for and in consideration of your extending credit at my request to _____ (herein after referred to as "the company"), hereby personally guarantee to you the payment at Dade County in the State of Florida of any obligation of the Company. I hereby bind myself to pay you on demand any sum, which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty and indemnity for any such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and contest to any modification of renewal of the credit agreement hereby guaranteed.

Upon your granting credit to the Company, I agree to follow:

- 1) To pay all cost of collection including reasonable attorney fees if account if placed for collection with counsel after in payment.
- 2) To pay a service charge of 1.5% per month of the past due account.
- 3) I further agree to submit to the jurisdiction of the Courts of Florida, whose laws shall govern this agreement.

Name: _____ DOB: _____ SS# _____ - ____ - _____

Address _____

City _____ State _____ Zip _____

Signature: _____

Date: _____