

APPLICATION FOR CREDIT

Salmon's Wholesale Nursery PO Box 770059 Ocala Florida 34477

CONFIDENTIAL

Fax (352) 854-9686

www.salmonsnsy.com

sue@salmonsnsy.com

(Please print legibly, complete all items, sign all signature lines, use N/A if item is not applicable, and use street addresses, except for mailing address.)

The undersigned applies to open an account with Salmon's Wholesale Nursery on the terms set out below, certifies the following information to be correct and complete, and consents to the disclosure of all information held by credit bureaus, banks, and trade references with respect to the undersigned.

COMPANY NAME: _____ () Corporation
_____ () Partnership
_____ () Proprietorship

STREET ADDRESS: _____
_____ Street
_____ City _____ State _____ Zip

MAILING ADDRESS: _____
_____ Street
_____ City _____ State _____ Zip

PRINCIPAL PRODUCT OR SERVICE: _____
IS LAND OWNED? _____ YEAR ESTABLISHED: _____
FL AGRICULTURAL BOND # _____ FL DEPT. OF REVENUE CERTIFICATE NO. _____
ACCOUNTS PAYABLE MANAGER: _____ PHONE: _____

REFERENCES - List at least 3 creditors with whom you do business **Please provide fax #'s**

Name: _____
Address: _____
Phone: _____
**Fax: _____

Name: _____
Address: _____
Phone: _____
**Fax: _____

Name: _____
Address: _____
Phone: _____
**Fax: _____

Name: _____
Address: _____
Phone: _____
**Fax: _____

BANK REFERENCES - Please list all banks

Name: _____
Address: _____
Phone: _____
Fax: _____

Name: _____
Address: _____
Phone: _____
Fax: _____

Applicant agrees with Salgaca Corp. D/B/A Salmon's Wholesale Nursery, a Florida corporation, whose principal place of business is at P.O. Box 770059, Ocala, Marion County, Florida. Salmon's Wholesale Nursery "Salgaca" as follows:

1. Salgaca may honor written or oral purchase orders made in applicant's name by anyone, unless applicant has given or hereafter gives Salgaca written notice limiting orders to written orders or limiting those persons authorized to place orders on applicant's behalf to certain named individuals, or both. Limitations imposed by applicant on Salgaca's authorization to honor orders made in applicant's name will become effective only on actual receipt of written notice of those limitations by Salgaca.
2. Any purchases from Salgaca in applicant's name and invoiced to applicant will be an indebtedness of applicant to Salgaca, and all purchases by applicant will be for applicant's trade or business; and none will be for applicant's personal, family, household, or agricultural use.
3. Applicant will pay Salgaca at its principal place of business by the 10th of the month following delivery date, the full amount of all applicant's indebtedness to Salgaca as reflected on Salgaca's invoices or statements to applicant, in which event, no FINANCE CHARGE will accrue.

4. Applicant will pay Salgaca a FINANCE CHARGE at a periodic rate of .0493151% per day (equivalent to 18% annual percentage rate), on any portion of the balance of applicant's indebtedness to Salgaca that is not paid within the 30 days of the invoice or statement date, whichever is earlier, said interest to accrue from the date of Salgaca's invoice or statement, whichever is earlier, and continue to accrue even post-judgment. If any indebtedness to Salgaca, including accrued FINANCE CHARGES, is not paid in full to Salgaca within 30 days of the original invoice or statement date, whichever is earlier, applicant will pay Salgaca a LATE CHARGE, which will be the greater of \$10.00 or 5% of applicant's account balance with Salgaca. Applicant will pay Salgaca an additional LATE CHARGE for each additional 30 days that the indebtedness is not paid in full.
5. After review, any account that is past due for 60 days or more will be given a COD status. An account that is 90 days past due will be handed over for collection. Any bad checks returned by Salgaca's bank, the customer will be charged \$25.00 or 5% of check.
6. Applicant's payments will be applied first to LATE CHARGES, then to accrued interest, and then to remaining indebtedness, starting with the oldest portion of the debt.
7. Salgaca may terminate applicant's credit whenever applicant is in default under this agreement, if any of the information furnished in applicant's application is determined to be untrue, or if in the judgment of Salgaca, the security of its credit position is in jeopardy; and Salgaca may waive its right to receive accrued FINANCE CHARGES or LATE CHARGES or BOTH due from applicant with respect to anyone or more invoices or statements; however, a waiver by Salgaca under this provision with respect to any particular invoice or event or accrued FINANCE CHARGE or LATE CHARGE, will not be deemed a waiver of its rights under this provision with respect to any subsequent default, event or FINANCE CHARGE.
- 7B. If applicant's account is referred for collection to an attorney, applicant will pay Salgaca's attorney reasonable attorney's fees, whether collection of this indebtedness is effected by negotiation and settlement, or by litigation, including expense of appeal. Should suit become necessary, venue shall lie in Marion County, Florida.
9. At our discretion Salgaca will file Notice to Owner. Applicant agrees to furnish Salgaca with purchase orders, job names and job addresses.

PRINCIPALS (Officers, Registered Agent, Major Shareholders, Partners, Owner):

Name _____ Home Address _____ _____ Position _____ Work Phone _____ Home Phone _____	Name _____ Home Address _____ _____ Position _____ Work Phone _____ Home Phone _____
Name _____ Home Address _____ _____ Position _____ Work Phone _____ Home Phone _____	Name _____ Home Address _____ _____ Position _____ Work Phone _____ Home Phone _____

IF FIRM IS A CORPORATION, YEAR & STATE OF INCORPORATION: _____

ARE BUILDINGS: OWNED _____ RENTED _____

SECRETARY OF STATE CHARTER NO. (Corps. and Ltd. Partnerships): _____

IF D/B/A, YEAR AND COUNTY FICTITIOUS NAME WAS REGISTERED IN: _____

DESIRED CREDIT LIMIT: \$ _____

DATE: _____

TERMS AGREEMENT

SIGNATURE: _____

TITLE: _____

THE UNDERSIGNED INDIVIDUALS JOIN IN THIS APPLICATION AND ASSUME JOINT AND SEVERAL PERSONAL LIABILITY FOR ALL CHARGES INCURRED BY THE APPLICANT PURSUANT TO THIS AGREEMENT:

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DO NOT WRITE BELOW THIS LINE

REFERENCES CHECKED BY: _____ REFERENCE RESULT: _____

CREDIT: [] APPROVED [] REFUSED BY: _____

DATE: _____