



## BUSINESS CREDIT APPLICATION

HOPETOWN FARMS • 20368 LOUISE STREET • LOXAHATCHEE, FLORIDA 33470  
PHONE: 561-333-7730 • FAX: 561-333-3726

COMPANY NAME

TYPE OF BUSINESS

PHONE NUMBER

FAX NUMBER

BILLING ADDRESS

SHIPPING ADDRESS

CITY STATE ZIP CITY STATE ZIP

TYPE OF OWNERSHIP

CORPORATION

PARTNERSHIP

CORPORATION

GOVERNMENT

NON-PROFIT

YEARS IN BUSINESS \_\_\_\_\_

TAX EXEMPT  YES  NO

(IF YES, PLEASE INCLUDE RESALE CARD WITH APPLICATION)

PARENT COMPANY NAMES (IF DIFFERENT THAN ABOVE):

ADDRESS

FAX NUMBER

CITY STATE ZIP

### Bank References

1. NAME PHONE NUMBER FAX NUMBER

ACCOUNT NUMBER CONTACT

2. NAME PHONE NUMBER FAX NUMBER

ACCOUNT NUMBER CONTACT

### Open Accounts References

1. NAME PHONE NUMBER FAX NUMBER

ADDRESS CITY STATE ZIP

2. NAME PHONE NUMBER FAX NUMBER

ADDRESS CITY STATE ZIP

3. NAME PHONE NUMBER FAX NUMBER

ADDRESS CITY STATE ZIP

Please fax a copy of your Florida Annual Resale Certificate for Sales Tax and a copy of your Agriculture Bond with your credit application.

PERSONAL GUARANTY (Corporations in business less than 2 years, and all partnerships and proprietorships MUST complete this section)

UNDERSIGNED GUARANTOR MUST BE ONE OF THE FOLLOWING (Circle one) Owner/Sole Proprietor/ General Partner/ Corporate Officer

PERSONAL GUARANTY: In consideration of Creditor's establishment of an Account for Applicant, the undersigned Guarantor hereby agrees unconditionally, absolutely and irrecoverably to personally guarantee payment of all amounts hereafter due on the Account hereunder upon demand, without requiring Creditor to make demand and/or proceed first to enforce payment against the Applicant on the Account, in the event of any default under the Agreement governing the Account. The undersigned hereby waives any notices regarding the Agreement or this Guaranty, and agrees that this Guaranty shall be applicable until the Agreement has terminated and all amounts due hereunder have been paid in full. The undersigned agrees that in the event that the Account is not paid as agreed, Creditor may report the undersigned's liability for and the status of the Account to credit reporting agencies and others who may lawfully receive such information Creditor will use Guarantor's personal credit in making credit decisions with respect to the Account. Guarantor authorizes us to investigate Guarantor's credit worthiness and personal credit history by obtaining credit reports and making direct inquiries (including where Guarantor's accounts are maintained) as Creditor may deem appropriate Guarantor also agrees that Creditor may report Guarantor's performance hereunder and Guarantor's liability for and the status of Applicant's Account to credit bureaus and others who may lawfully receive such

PERSONAL GUARANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER

\_\_\_\_\_  
Full Name Home Address City State

\_\_\_\_\_  
Signature Date Title Social Security #

APPLICANT SIGNATURE- Must be Completed

NOTICE TO THE CUSTOMER: (1) DO NOT SIGN THIS APPLICATION AND AGREEMENT BEFORE YOU READ IT. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED IN COPY OF THIS AGREEMENT. KEEP THIS AGREEMENT TO PROTECT YOUR LEGAL RIGHTS. (3) ANY PERSON SIGNING THIS APPLICATION AND AGREEMENT REPRESENTS THAT IT IS A VALID BUSINESS ENTITY IN GOOD STANDING, A QUALIFIED RELIGIOUS, EDUCATIONAL OR OTHER NON-PROFIT ENTITY, OR A GOVERNMENTAL AGENCY OR INSTRUMENTALITY. ALL PURCHASES UNDER THIS AGREEMENT SHALL BE MADE FOR OTHER THAN PERSONAL, FAMILY, AGRICULTURAL OR HOUSEHOLD USE AND CUSTOMER HAS DULY AUTHORIZED THE EXECUTION OF THIS APPLICATION AND THE PERSON SIGNING BELOW TO EXECUTE THIS ON ITS BEHALF.

Applicant agrees to be bound by the terms and conditions of this Application (including applicable federal and state notices). The person signing below must be a representative of the Applicant who is duly authorized to enter into contractual agreements on behalf of Applicant and agrees that there is no binding contract with Creditor until Applicant's credit is approved. Creditor may require the execution of one or more security instruments upon request. Applicant will be contacted if such is required. Creditor may require additional information from Applicant. Guarantor or other parties in order to process this Application. By signing below, Applicant, Guarantor and (except with respect to government agencies and not-for-profits) each individual signing on behalf of Applicant (i) certify that the information provided herein is correct and complete, (ii) authorized Creditor to investigate from time to time any or all of their credit bureaus, records and references and (iii) authorized Creditor to provide credit information relating to any or all of them to third parties, including credit bureaus and affiliates of Creditor, and (iv) release Creditor from any claims arising out of the conduct authorized above.

BY SIGNING BELOW, APPLICANT ACKNOWLEDGES THAT APPLICANT HAS READ AND RECEIVED A COPY OF THE APPLICATION AND THE ATTACHED AGREEMENT

\_\_\_\_\_  
AUTHORIZED SIGNATURE: DATE:

\_\_\_\_\_  
PRINT NAME: TITLE:

Inter Office Use Only DATE: \_\_\_\_\_

CREDIT LIMIT: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_