

GREENLIFE NURSERY, INC.
21480 SW 286TH ST
HOMESTEAD, FL 33030
Tel: (305) 219-6407 Fax: (786) 243-0832

APPLICATION FOR CREDIT.

Fist Name Middle Initial Last Name

Business Name: _____

Assumed Business Name General Partnership Corporation Limited liability Co.

AUTHORIZED PARTY (Indicate Title- General Partner, President, etc)

_____ Title: _____

CREDIT REFERENCES

Name: _____ Name: _____

City: _____ State: _____ City: _____ State: _____

Phone: _____ Phone: _____

Name: _____

City: _____ State: _____

Phone: _____

PLEASE AUTHORIZE US TO PROCESS YOUR APPLICATION

I (We) certify that the information provided is true and correct to the best of my (our) knowledge and belief. I (We) may be required to supply additional information and to provide security for the financing requested.

I (We) agree and consent that Greenlife Nursery lender and agents, may obtain a credit report or any other information relation to income, employment history, or financial position. I (we) authorize Greenlife Nursery its lenders and agents, and all past or present creditors to release any and all necessary credit information. From time to time you may verify and exchange information on me (us) with credit reporting agencies.

Date: _____

Signed: _____

GREENLIFE NURSERY, INC.
21480 SW 286TH ST
HOMESTEAD, FL 33030
Tel: (305) 219-6407 Fax: (786) 243-0832

Title: _____

CREDIT APPLICATION CONTINUED

Terms of Sale: Net 30Days. A finance charge of 1½% per moth, annual percentage of 12%, 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 Greenlife Nursery deems it necessary to place my account under the hands of an attorney for collection of any past due accounts. I agree to pay all and reasonable courts and attorney fees. This application must be completed in full and will be held in the strictest of confidence.

Signature: _____

Date: _____

INDIVIDUAL PERSONAL GUARANTEE.

I _____, residing at _____ 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 State of Florida of any obligation of the Company. I hereby to 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 is placed for collection with counsel after default in payment.
- 2) To pay a service charge of 1 ½ percent per moth 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.

_____-_____-_____
Social Security Number

Company Name: _____

1st Officer: _____
(Signature)

Print Name: _____

GREENLIFE NURSERY, INC.
21480 SW 286TH ST
HOMESTEAD, FL 33030
Tel: (305) 219-6407 Fax: (786) 243-0832

The above agreement is accepted this _____ day of _____ of 20_____.