

California Florida Plant Co., L.P.
PO Box 5310, Salinas, California 93915
(831) 754-2767 Fax (831) 754-2738

Date: _____ Tax ID#: _____

Name of Firm: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____ Seller's Permit #: _____

- Legal Status: Proprietorship: () Partnership () Corporation ()
- Years Established: _____ Under Present Ownership Since: _____
- Business Property: Owned: _____ Leased From: _____
- Type of Business: Roses: () Carnations () Other: _____

Officers/Owners Names:	Titles:	Addresses	Phone #'s:

TRADE REFERNECES: (List at least 3 whom purchases are made on direct credit basis)

Name:	Addresses:	City:	State:	Zip:	Tel/Fax #'s:

BANK REFERENCE:
Bank Name and Branch: _____ Account #: _____
Address: _____ Telephone: _____
Name of officer you deal with: _____ Fax: _____

Terms: Net 28 days from invoice date. Accounts not paid by due date are subject to a finance charge computed by applying a simple periodic rate of 1.5% per month on the previous balance which is an annual percentage rate of 18%.

PERSONAL GUARNATEE: 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) _____ uncured for merchandise furnished by CALIFORNIA-FLORIDA PLANT CO., L.P. Such revocation shall not affect indebtedness incurred prior to receipt of written notice.

SIGNATURE	TITLE	SOCIAL SECURITY #	DATE

I HAVE READ, UNDERSTAND AND ACCEPT THE ABOVE TERMS AND HAVE PROVIDED TRUE INFORMATION TO THE BEST OF MY KNOWLEDGE. I FURTHER AUTHORIZE CALIFORNIA FLORIDA PLANT CO., L.P. TO VERIFY ANY AND ALL REFERENCES WE HAVE GIVEN THAT MAY BE REQUIRED TO DETERMINE OUR CREDIT CAPABILITIES AND TO REQUEST RELEVANT INFORMATION FROM CREDIT REPORTING AGENCIES:

APPLICANT SIGNATURE: _____ **DATE:** _____

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REAL PROPERTY OWNERSHIP:

If the undersigned is a sole proprietor, then the owner(s) is to provide the following information:

Do you own any real property () Yes () No

If yes, list the address of each property you own anywhere in the U.S.:

Property 1)	Street Address	City	State	Zip Code
Property 2)	Street Address	City	State	Zip Code
Property 3)	Street Address	City	State	Zip Code

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you been involved in litigation over the past five years? () Yes () No

If YES list the name, case number, state or court of each lawsuit and the nature of the claim in each lawsuit.

A. _____

B. _____

C. _____

2. Do you have any outstanding tax liens or judgments? () Yes () No

If YES, please list each tax lien or judgment currently existing against you include amount, name of the creditor and source of debt.

A. _____

B. _____

C. _____

3. Have you filed for bankruptcy in the past seven years? () Yes () No

If YES, please provide the date, case number, and location of each bankruptcy filed and the type of bankruptcy (e.g. Chapter 7, Chapter 11, and Chapter 13) and the ultimate disposition of each bankruptcy.

A. _____

B. _____

C. _____

I/we hereby authorize the release of California Florida Plant Co., L.P. and/or its agents in conjunction with this credit application, information with regard to my/our bank, or savings checking and/or loan accounts, assets, former employers regarding salary, credit history, former landlords and insurance companies and/or agents. Information regarding current balances as well as historic averages may be provided. All of the information set forth above has been provided by the undersigned to obtain as extension of credit from California Florida Plant Co., L.P. The undersigned warrants and represents that all information contained above is accurate as of the date provided. The undersigned understands that California Florida Plant Co., L.P. is relying on the accuracy and actually extended credit.

Signature: _____ Title: _____ Date: _____