

N&N ORCHIDS, INC.

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APPLICATION FOR CREDIT

Business Name _____ Wholesale Retail _____ Years in Business _____
Owner _____ Buyer _____
Sales Tax Number# _____ How did you hear about us? _____
Physical Address _____ Mailing Address _____
Street _____ Street _____

City _____ City _____
State _____ Zip _____ State _____ Zip _____
Phone _____ Fax _____ email _____
Shipping Method _____ Days you will ship _____

REFERENCES FOR COMMERCIAL USE

PLEASE LIST 4 FIRMS WHOM YOU ARE CURRENTLY BUYING ON AN OPEN ACCOUNT BASIS

1 _____	City/State _____	PH _____	FAX _____
2 _____	City/State _____	PH _____	FAX _____
3 _____	City/State _____	PH _____	FAX _____
4 _____	City/State _____	PH _____	FAX _____

BANK REFERENCES

Name of Bank: _____ Account# _____
City/State _____ Branch _____
Bank Officer _____ Phone _____

PERSONAL GUARANTEE

In consideration of any credit extended, I (we or either us) will individually and/or jointly guarantee full and prompt payment of all indebtedness by _____ incurred for merchandise furnished by N&N Orchids plus finance charge and collection costs if incurred. Such guarantee shall remain in force until its revocation is made in writing by return mail to N&N Orchids. Such revocation shall not affect indebtedness incurred prior to receipt of written notice (return receipt mail).

Individual _____
Signature Title SS# Date

The above information is correct, to the best of my knowledge, and I/We further verify we are current with all other suppliers and credit grantors.

In consideration of your extending credit on the above account, I/We further agree that a finance charge of one and half percent per month will be due payable on all balances over 30 days. The undersigned agrees to pay all costs of collection, whether suit is bought or not. Said costs of collections shall include but not be limited to attorney's fees, court costs, and all other costs expended in the collection process.

I/We understand your terms of sale are: Net 30 days from date of invoice, written acknowledgment by N&N Orchids constitutes the only proof of claim for impaired product and/ or invoice error. Sales are FOB Miami therefore make claims for damaged caused by delay and shortages directly to carrier.

Signature of Owner Print Name Title Date