

(Vera's Nursery Inc./Green World Tropicals, Inc./Natural Creations, LLC/ Plants Solutions Inc./ Sturon Nursery Inc./Tropical Growers, LLC)

#### Main Offices - 20451 SW 216 Street, Miami, Florida 33170 | Ph 786-504-3039 | Fax 786-601-2490

#### **CREDIT APPLICATION AND AGREEMENT**

Please print all information completely and legibly:

Legal Name of Business/Custo	mer:		
D/B/A (if applicable)			
Main Telephone:		Main Fax	
Physical Address:			
City:		State:	Zip:
Mailing Address (if different fr	om above):		
City:		State:	Zip:
Purchasing Contact:		Tel/Cell	
Purchasing E-mail:		Fax:	
Accounts Payable Contact:		Tel/Cell	
Accounts Payable E-mail:		Fax:	
Years in Business:	Credit Line Requested: *Required	Terms Requested: *Required	
Resale Certificate #/Tax Exem	ot #:		
A copy of your <u>current</u> y	rear resale certificate or certificate of ex	emption must be on file <u>be</u>	<u>rfore</u> tax exempt status is granted.
Fed. ID#			_
State Department of Agricultu	ral license and bond:		
Name of Officer:		Title:	
Officer Driver License Number	:	Exp. Date:	

A copy of your bond and driver's license must be attached

## The Vera's Group

# **Credit Application Contd.**

## **REFERENCES**

Company Name: _						
Authorized Party:			Title:			
Type of Business	P Individual	P General Partnership	P Corporation	P LLC		
Bank Reference						
Bank Name:			Phone:			
Address:			City:		Zip:	
Type of Account:			Acct #			
Trade References						
1. Company:			Contact:			
Phone:			Email			
Address:						
2. Company:			Contact:			
Phone:			Email			
Address:						
3. Company:			Contact:			
Phone:			Email			
Address:						
4. Company:			Contact:			
Address:						

#### The Vera's Group

## **Credit Application Contd.**

## **AUTHORIZATION AND AGREEMENT**

Company Name:				
supply additional information and to provid and agent, may obtain a credit report or authorize <b>The Vera's Group</b> , its lenders and	e security for the financing requested. I (We) a any other information relation to income, en	nowledge and belief. I (We) may be required to gree and consent that <b>The Vera's Group</b> , Lender nployment history, or financial position. I (We) elease any and all necessary credit information. ting agencies.		
Signature:	Print Name:	Date:		
guarantee to <b>The Vera's Group</b> , the full and customer, according to the terms of this coindebtedness and obligations owed to <b>The</b> waiver of rights, change in form of indebted	d unconditional payment of every indebtedness ommercial credit agreement. This is a continui Vera's Group. This guarantee shall not be af dness, or change in form or ownership of Cus Customer a written revocation delivered by re	iness/customer I/we hereby jointly and severally so and obligation owed to <b>The Vera's Group</b> , by ng guarantee applying to all existing and future fected by any extension of time, renewal, prior stomer. This guarantee of credit shall remain in gistered mail.		
*Personal Signature	Individual Name (Print)	Social Security # (required)		
*Personal Signature  * Signature should be in an individual capa	Individual Name (Print)	Social Security # (required)		
conditions of sale under the commercial bu <b>Group</b> in full on the date due, all such inde (1.5%) per month on any amount not paid to obligations, customer agrees to pay reason Customer authorizes the credit and trade re	isiness credit extended by <b>The Vera's Group</b> to be betedness and obligations. Customer agrees to when due, until paid in full. In the event Custor able collection charges and attorney's fee incusterences provided herein to release credit and	o The Vera's Group according to the terms and o Customer. Customer agrees to pay The Vera's o pay service charges of one-and-a-half percent mer defaults in payment of said indebtedness or arred by The Vera's Group in collection thereof. I financial information to The Vera's Group. This er, authorized to enter into credit agreements on		
Authorized Signature	Title	 Date		
	BELOW THIS LINE FOR <b>Vera's Group</b> USE ON	LY		
Approved by:	Date			
Amount of Crodit.	T			