

# Gray's Ornamentals



15321 One Mile Rd ◆ Delray Beach, FL 33446

Phone (561)496-6442 ◆ Fax (561)496-0804

## CREDIT APPLICATION

Please complete the following information in full.

Date: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Years in Business \_\_\_\_\_

Owner's Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Years at Present Location: \_\_\_\_\_

Type of Business: Individual \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Date and State of Incorporation: \_\_\_\_\_ Resale Tax Number: \_\_\_\_\_

Agricultural Bond Number: \_\_\_\_\_

### Owner, Partnership or Corporation Officers

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### NURSERY REFERENCES

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please complete all four references. Applications will not be processed without fax numbers.**

**Terms of Sale: Net 30. A finance charge of 1.5% per month will be added to past due accounts. (Annual percentage rate of 18%)**

I understand and agree to the terms of the 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 Gray's Ornamentals, Inc. deems it necessary to place my account in the hands of an attorney for the collection of any past due accounts, I agree to pay reasonable court costs and attorney's fees. **Information must be completed in full and held in the strictest of confidence.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Individual Personal Guarantee**

For and in the consideration of Gray's Ornamentals, Inc. extending credit at the undersigned's request to \_\_\_\_\_ (Herein referred to as ac "company"). The undersigned (whether one or more) jointly, severally and unconditionally guarantees the full and punctual payment when due of all indebtedness now or hereafter by said company, and personally guarantees to Gray's Ornamentals, Inc., the payment of any obligations of the company, whenever the company should fail to pay the same. The guarantee additionally binds the undersigned to pay any attorney's fees and/or court costs assessed by a court, or paid by Gray's Ornamentals, Inc., should the account be placed with an attorney for collection.

The undersigned waive notice of Gray's Ornamentals, Inc. acceptance hereof, of the accrual, renewal and extension of the indebtedness, of the company's default, and of accrual of the undersigned's liability hereunder. As well as grace, notice, presentment for payment and protest with respect to every portion of indebtedness.

Executed this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

**Please fill in all information requested on this application.**