



FOR OFFICE USE ONLY LIMIT: _____ DATE SET: _____ AUTHORIZED BY: _____

1. BUSINESS NAME: _____
 () Corporation () Partnership () Sole Proprietorship

2. Business Address: _____
 City _____ State _____ Zip Code _____
 Shipping address (if different than mailing address): _____
 City _____ State _____ Zip Code _____
 Telephone: _____ Fax Phone: _____ Other: _____

3. Former Business Address (if Less Than 5 Years) _____
 City _____ State _____ Zip Code _____

4. Does State, County or City require a License? () Yes () No If yes, License# _____

5. Number of Employees _____ Est. Annual Sales \$ _____
 Sales Area _____ Type of Business _____

6. Date Established: _____ How Long in Business: _____

7. Name of person to speak to regarding payments: _____
 TITLE: _____

8. D/B/A: _____
 Federal Tax I.D.: _____ Florida Sales Tax I.D.#: _____

9. Mortgage Holder/Landlord _____
 Address _____
 City _____ ST _____ Zip _____

10. Has the firm or any of its Principals ever been bankrupt? () Yes () No
 If yes, please explain _____

11. PRINCIPALS
 Principal: Name _____ Title _____ SS# _____
 Principal: Name _____ Title _____ SS# _____
 Principal: Name _____ Title _____ SS# _____

12. PRINCIPAL SUPPLY REFERENCES:
 Name _____ PH# _____
 Address _____
 Name _____ PH# _____
 Address _____
 Name _____ PH# _____
 Address _____

13. BANK REFERENCES

Name _____

Address _____

City _____ ST _____ Zip _____

Credit Line Amount \$ _____

TYPE OF CREDIT AGREEMENT:

Customer agrees to Credit Terms; payment on receipt, but no longer than 30 days. Outstanding balances are subject to 1.5% per month interest.

Applicant agrees to pay any collection cost incurred to collect the account balance, including court costs, collection fees and attorney's fees of not less than 33% of the unpaid principal and interest.

As an inducement to grant credit, the undersigned agrees to the need for verification of all information on this application and authorizes, and releases all banks, business and persons identified on this application to furnish any and all information requested by "STURON NURSERY" company or its representatives, by telephone or written correspondence, whichever "STURON NURSERY" company requests.

The undersigned warrants that the information is true and correct.

As an inducement to grant credit to the undersigned, the undersigned agrees that the "STURON NURSERY" company is right to obtain the credit history of the undersigned and authorizes the release of such information by signature here:

Name _____ Title _____

Signature _____

Name _____ Title _____

Signature _____

*******TERMS*******

CASH UNTIL CREDIT IS ESTABLISHED.

2%-10 DAYS, NET 30 DAYS, ONCE CREDIT IS ESTABLISHED.

ANY ACCOUNT OLDER THAN 30 DAYS WILL BE ASSESSED A FINANCE CHARGE OF 1.5% PER MONTH ON THE UNPAID BALANCE.

ANY ACCOUNT THAT EXCEEDS 45 DAYS MUST BE BROUGHT CURRENT BEFORE SHIPMENTS ON CREDIT CAN BE RESUMED.

ANY ACCOUNT THAT EXCEEDS 60 DAYS WILL PERMANENTLY FORFEIT CREDIT.

ACCEPTED BY: _____

TITLE: _____

DATE: _____