

**V&T ORCHIDS, INC.**

2200 NW 102 AVE. SUITE #1

MIAMI, FL 33172

PHONE: (305) 406-3766

Salesperson

FAX NO: (305)718-8488

FREE : (800) 966-7243

E-MAIL: [admin@vtorchid.com](mailto:admin@vtorchid.com)

WEBSITE: www.vtorchid.com

**APPLICATION FOR CREDIT**

Business Name: \_\_\_\_\_ Owner \_\_\_\_\_  
 Buyer \_\_\_\_\_ Wholesale or Retail \_\_\_\_\_  
 Physical Address \_\_\_\_\_ How Many Years in Business? \_\_\_\_\_  
 Mail Address \_\_\_\_\_ How did you hear about us \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sales tax no. \_\_\_\_\_  
 FAX \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
 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 V&T 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 V&T 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 V&T 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