

SKF IMPORT INC.

801 US Highway I North Palm Beach, Florida 33408 +1 305 767 2065 | <u>sales@floriusflowers.com</u> | <u>www.floriusflowers.com</u>

CREDIT APPLICATION AND AGREEMENT

DATE: _____

COMPANY INFORMATION	
COMPANY NAME:	
ADDRESS:	CITY:
STATE:	ZIP / PO BOX:
PHONE No:	WEBSITE:
AUTHORIZED BUYER:	
EMAIL ADDRESS:	PHONE No w/ EXTENSION:
ACCOUNTS PAYABLE:	
EMAIL ADDRESS:	PHONE No w/ EXTENSION:

BUSINESS STRUCTURE		
		ECIFY)
DATE OF BUSINESS ESTABLISHMENT:		
FEDERAL TAX ID No:		
DO YOU HAVE A RESALE TAX CERTIFICATE?	IF YES, WHAT IS YOUR RTC N	UMBER?
NAMES OF OFFICERS OR PARTNERS: 1. 2. 3.	TITLE OR POSITION: 1. 2. 3.	CONTACT NUMBER: 1. 2. 3.
NAME OF PARENT COMPANY (IF SUBSIDIARY):		
ADDRESS:	CITY:	
STATE:	ZIP / PO BOX:	
PHONE No:	FAX No:	

HAVE YOU EVER FILED FOR BANKRUPTCY?	NO
IF YOU HAVE ANSWERED "YES", COMPLETE THE FOLLOWING:	
DATE OF BANKRUPTCY:	CITY:
STATE:	BANKRUPTCY No:
DISPOSITION:	



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BANK REFERENCE	
NAME OF BANK:	
ADDRESS:	
PHONE:	ACCOUNT No:
CONTACT PERSON AT THE BANK:	•

TRADE REFERENCES

PLEASE LIST THREE (3) LARGE INTERNATIONAL FLOWER GROWERS AND/OR MIAMI FLOWER SUPPLIERS

NAME OF COMPANY #1:	
ADDRESS:	CITY:
STATE:	COUNTRY:
PHONE:	EMAIL ID:
ENGLISH SPEAKING CONTACT:	
TRADE RELATION SINCE:	

NAME OF COMPANY #2:	
ADDRESS:	CITY:
STATE:	COUNTRY:
PHONE:	EMAIL ID:
ENGLISH SPEAKING CONTACT:	
TRADE RELATION SINCE:	

NAME OF COMPANY #3:	
ADDRESS:	CITY:
STATE:	COUNTRY:
PHONE:	EMAIL ID:
ENGLISH SPEAKING CONTACT:	
TRADE RELATION SINCE:	

I AUTHORIZE SKF IMPORT INC. TO CONTACT MY BANK AND TRADE REFERENCES DURING THE CREDIT REVIEW PROCESS AND PERIODICALLY THEREAFTER TO UPDATE THE CREDIT FILE IF NECESSARY.



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TERMS OF AGREEMENT:

1. If credit is being **requested**, I understand that SKF Import Inc. may investigate my financial status and the company's; and may request additional documents necessary. If credit is **granted**, SKF Import Inc. reserves the right to revoke credit at any time.

2. Payment Terms

- a. NET 30 EOM Payment terms are made every 30 days of each month for the previous month's purchases.
- b. NET 15 EOM Payment terms are made every 15 days of each month for the previous month's purchases.

c. PREPAID - Customer sends a prepaid payment for purchases to be made; all costs for any purchase made will be credited from the remaining prepaid balance.

Note: SKF Import Inc. reserves the right to determine the customer's Payment Terms based on the credit evaluation and approval process that will be conducted after a duly accomplished copy of this credit application file is submitted.

I agree to pay **18% annual rate of interest** on any balances not paid within the agreed terms. I understand that SKF Import Inc. will assess USD 50 administration fee for each time a balance is not paid within the agreed terms.

3. Wire payments / ACH payments need to be sent to

Beneficiary Bank: Rabobank N.A., 146 W. Los Angeles Ave., Moorpark, CA 93021 Account holder: SKF Import Inc. Beneficiary Account Number 9392899090 SWIFT/BIC: RABOUS66 Fedwire / ABA / Routing Number: 122238420

4. If you would like us to pay by check, please make it payable to: "SKF Import Inc.", and send it directly to one of the lockbox addresses below:

A. Lockbox for First Class Mail:

SKF Import Inc. DEPT 3439 PO BOX 123439 DALLAS TX 75312-3439

B. Street address for UPS, FedEx, Courier, Etc.:

SKF Import Inc. DEPT 3439 PO BOX 123439 888 S. Greenville Ave STE 200 Richardson, TX 75081-5044

5. Checks returned for insufficient funds or uncollected funds will be subject to a USD 25 Returned Check Fee.

6. If your account is turned-over to a collection agency or an attorney for collection, you agree to pay all costs of collection and court expenses, including reasonable attorney fees and costs, including trial and any appellate proceedings.

Additionally, the venue for any legal proceedings, which may occur between SKF Import Inc. and company shall reside in Palm Beach County, Florida, United States of America.

7. Please refer to our General Terms and Conditions for additional terms – SKF General Terms and Conditions

In signing this agreement, I verify that all the information provided are true and accurate.

OWNER'S / OFFICER'S NAME:	
TITLE:	DATE:
OWNER'S / OFFICER'S SIGNATURE:	