

Worldwide Orchids Credit Application

P.O. Box 2188, Apopka, FL 32704 (407) 884-8600 - Fax: (407) 884-7375

Company Name: _____ E-mail: _____

Phone: _____ Fax: _____

Business Address: _____

Mailing Address: _____

City, State, Zip: _____ Web Address: _____

Type of Business: _____ Year Started: _____ Years at Present Location: _____

Type of Organization: ___ Private Corporation ___ Public Corporation ___ Partnership ___ Individual

<i>Officer's Name</i>	<i>Position</i>	<i>Home Address</i>	<i>Phone</i>
_____	_____	_____	_____
_____	_____	_____	_____

A/R Contact: _____ Phone: _____ e-mail: _____

Banking References (Include Acct#, Telephone # and Contact Person):

Bank: _____

Trade References* Please include company name and FAX #. (Required)

** Please include any Florida firms with whom you've recently dealt.*

- 1) _____ 2) _____
3) _____ 4) _____

Credit Limit Requested: \$ _____

In making this application for credit, the customer agrees to pay all invoices within 30 days from the date of invoice and to pay a service charge of 1 1/2% per month, which is an annual percentage rate of 18% on all overdue balances. In the event a suit is necessary to collect any amount, the customer agrees to pay the seller's reasonable attorney's fees and cost including attorney's fees for appeal.

Signature

Title

Date