

**APPLICATION  
FOR CREDIT**

Davenport Nursery Inc.  
9064 The Lane  
Naples , Fl. 34109

Date \_\_\_\_\_

Office Phone # (239) 657-4800  
Fax # (239) 657-1210  
Sales Phone# (239) 304-5990  
Fax # (239) 239-304-5910

To: **Davenport Nursery Inc.** For the purpose of obtaining merchandise on account the following information is submitted for your consideration intending that you should rely upon it as being correct.

**BUSINESS NAME:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY STATE ZIP:** \_\_\_\_\_

Person who is responsible for accounts payable \_\_\_\_\_

S.S. No. \_\_\_\_\_ Dr. Lic. No. \_\_\_\_\_ St. \_\_\_\_\_

Type of business \_\_\_\_\_

Type of license and number \_\_\_\_\_

Number of years established under the above number \_\_\_\_\_

County comp. number \_\_\_\_\_ Fla. agricultural bond amount \_\_\_\_\_

Licenses bond number \_\_\_\_\_ Federal I.D. \_\_\_\_\_

Name in which license is issued \_\_\_\_\_

The business is a: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor \_\_\_\_\_ Limited Partnership \_\_\_\_\_

In the past five years has this business operated under any other name \_\_\_\_\_

If yes, list names and locations of the business \_\_\_\_\_

The principle owners or officers are:

Name 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

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

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Trade reference \_\_\_\_\_ Address \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Bank: \_\_\_\_\_

We expect our monthly credit requirements to be approximately \$ \_\_\_\_\_

Our accounts are from the 1st to the 31st of the month, due by the 10th of the following month. Purchaser agrees to pay all cost of collecting or securing, or attempting to collect or secure this account, including a reasonable attorney's fee, whether the same is to be collected or secured by suit or otherwise. Service charge of 1 1/2 % per month (18% per annum) shall be charged on all accounts which show a past due balance.

Purchaser agrees that venue for any lawsuit arising out of this transaction may be Collier County, Florida.

The undersigned applicant does hereby certify that the information given is correct and agrees to permit Davenport Nursery Inc. to use this information for obtaining credit information. If after checking the above information this application is approved, it is agreed and understood by Davenport Nursery Inc. and the undersigned that all purchases made on open account will be paid in full according to the terms of sale on each invoice and this application.

Company \_\_\_\_\_ Date \_\_\_\_\_

Authorized signature, title \_\_\_\_\_

Please print name and title \_\_\_\_\_

(All information must be filled out in order for us to process!!!)

Individual personal guaranty

Date \_\_\_\_\_ 95 \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_, for an in consideration of your extending credit at my request to \_\_\_\_\_ (Name of Company) (hereinafter referred to as the "Company"), of which I am \_\_\_\_\_ hereby personally guarantee to you the payment at 9064 The Lane Naples Fl 34109 Collier County, in the State of Florida of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guaranty shall be a continuing and irrevocable guaranty and indemnity for such indebtedness of the Company. I do hereby waive notice of default, no-payment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed.

Signature \_\_\_\_\_

Witness: \_\_\_\_\_

Address \_\_\_\_\_