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**CREDIT APPLICATION**

CUSTOMER CONTACT INFORMATION

Date:			
Name of Customer:			
Physical/Delivery Address:			
City:	State:	ZIP Code:	
Mailing Address:			
City:	State:	ZIP Code:	
Type of Business:	Years in Business:		
Telephone:	Fax:	Email:	
Sole proprietorship:	Partnership:	Corporation:	Other:
Amount of Credit Requested:		Florida Annual Sales Tax Number:	
Name & Title of Proprietor or Principal Officer:			
Name of Person to Authorize Payments:			

BUSINESS/TRADE REFERENCES

Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		
Company name:		
Address:		
City:	State:	ZIP Code:
Phone:	Fax:	E-mail:
Type of account:		

AGREEMENT

We request a maximum credit limit of \$ \_\_\_\_\_ and we understand your terms as stated on the invoice. In the event suit shall be brought for the collection hereof or the same has to be collected upon demand of an attorney, we agree to pay reasonable attorney's fees and court costs for making such collection.

Customer hereby authorizes South Florida Plants Services, Inc. to verify customer's credit worthiness by obtaining a business credit report and/or by directly contacting banks and trade references listed above. I understand that a faxed application and its signature are acceptable and considered an original document.

If any claims arise with respect to defects in quantity or quality, or as to any manner, Creditor shall not be liable, if at all, unless Customer shall make written claim within seventy-two (72) hours after receipt of any shipment involved in such claim, and failure to present any such claim within that time will be considered a waiver of the claim. Any claims made by telephone shall be confirmed immediately in writing to Creditor.

SIGNATURES

Company Name:	Name/Title (Print):
Date:	Signature: