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CONFIDENTIAL CREDIT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL BEFORE EVALUATION CAN BE MADE.

Application Date: _____		Who to contact regarding this application: _____	
Legal Name of Business: _____		Date Established: _____	
Registered Fictitious Names: _____		Federal Tax ID #: _____	
Business Address: _____		Building is: <input type="checkbox"/> Owned	
City, State, Zip: _____		<input type="checkbox"/> Rented	
Mailing Address: _____		Mark if Required: <input type="checkbox"/> Purchase Order	
City, State, Zip: _____		<input type="checkbox"/> Job Name	
Phone: _____		Tax Status: <input type="checkbox"/> Taxable	
Alt/ Mobile: _____		<input type="checkbox"/> Exempt	
(please attach exemption form)			
Fax: _____		Accounts Payable Contact: _____	
Credit Limit Requested: _____		Monthly Estimated Purchases: _____	
(Minimum monthly credit limit of \$7,500 will be established upon verification of 3 comparable trade references)			
TYPE OF BUSINESS:		BUSINESS IS A:	
<input type="checkbox"/> Lawn Maintenance	<input type="checkbox"/> Property Management	<input type="checkbox"/> Corporation	
<input type="checkbox"/> Landscape Contractor	<input type="checkbox"/> Owner's Association	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Retail/ Garden Center	<input type="checkbox"/> Golf Course	<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Developer	<input type="checkbox"/> Church/ Day Care	<input type="checkbox"/> Non-Profit Organization	
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Other: _____	<input type="checkbox"/> L.L.C.	
AUTHORIZED PURCHASERS: _____			
SPECIAL INSTRUCTIONS: _____			

OWNER(S), PARTNERS, AND/OR OFFICERS:

Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:
Name	Street Address	Social Security #
Title	City, State, Zip	Home Phone:

FRI OFFICE USE ONLY

Account #: _____	Terms: _____
Credit Limit: _____	Customer Type: _____
Approved By: _____	Date: _____
Notes: _____	Salesman: _____

TRADE REFERENCES:

(minimum of 3)

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

Name: _____ Acct # _____ Phone (Include Area Code) _____ Fax (Include Area Code) _____
Address: _____

BANK REFERENCE:

Bank: _____ Bank Address (your branch): _____ Bank Office/ Contact: _____ Phone (Include Area Code) _____
Account #: _____

I/ We hereby authorize the references listed above to furnish Forestry Resources, Inc. with information regarding our account.

Company: _____ Address: _____

Authorized Signature: _____ Title: _____

Printed Name: _____ Date: _____

TERMS AND CONDITIONS

In consideration for extension of credit, the Undersigned agrees to the following terms:

The laws of the State of Florida shall govern this Credit Application, any dispute arising under it, and any extensions of credit by the creditor to the Applicant. The Applicant and the Undersigned waive the right to trial by jury and the privilege of being sued in the County of their residence in any litigation arising out of the Credit Application and any extensions of credit pursuant to it. The Applicant and the Undersigned agree that any litigation arising hereunder and in connection with the collection of any monies due creditors shall be brought in the County desired by creditor.

The Undersigned agrees that payment will be due net thirty days following the date of the invoice, understands that invoices past due are subject to a finance charge of 1-1/2% per month or 18% per annum, and that a \$30.00 returned check fee will be charged per check. Claims for adjustments should be made within 5 days of invoice. In the event of a default in payment, the Undersigned, unconditionally, personally, jointly and severally guarantees payment of all sums due and owing, including all costs of collection, reasonable attorney's fees at trial and appeal court levels, and interest from the date of default on the amount owing at the time of default.

In order to induce creditors, its successors and assigns, to extend credit to Applicants pursuant to this Credit Application, the Undersigned, individually, unconditionally guarantees performance by the Applicant of its obligation hereunder and payment to creditors, its successors and assigns, of all debts and obligations of Applicant hereafter arising and existing, including, without limitation, all amounts of principal and interest due and all expenses of collection.

The Undersigned agrees to keep this Application and the information contained in it current and to immediately notify creditors of any and all changes in the information provided.

The Undersigned, individually and as authorized agent for the Applicant, affirms that all information given hereunder is true, correct, and complete. The Undersigned agrees that any credit extended shall be in accordance with the terms and conditions set forth in this Application, and agrees to be bound by them.

By: _____ Owner: _____

Agent for Applicant (As Guarantor) _____ Signature _____

Print Name _____ Print Name _____

Social Security Number _____