

TROPICAL PLANT CARRIERS, INC.
1350 SHEELER ROAD, APOPKA, FL 32703
PHONE (407) 886-3003 * FAX (407) 886-2382

APPLICATION FOR OPEN ACCOUNT TERMS (NET 15 DAYS)

COMPANY NAME: _____

BILLING ADDRESS: _____

DELIVERY ADDRESS: _____

TELEPHONE: _____ FAX: _____ EMERGENCY: _____ EMAIL: _____

NATURE OF BUSINESS: _____ FEDERAL E.I.D. NO. _____ DATE ESTABLISHED: _____

PLEASE CHECK ONE: CORPORATION _____ PARTNERSHIP _____ SOLE PROPRIETOR _____

COMPLETE THE FOLLOWING INFORMATION ON ALL PRINCIPALS.

NAME: _____ ADDRESS: _____

PHONE: _____ TITLE: _____ SOCIAL SECURITY NO. _____

NAME: _____ ADDRESS: _____

PHONE: _____ TITLE: _____ SOCIAL SECURITY NO. _____

LIST FOUR TRADE REFERENCES WITH RECENT ACTIVITY.

NAME: _____ CITY & STATE: _____

TELEPHONE: _____ FAX: _____

NAME: _____ CITY & STATE: _____

TELEPHONE: _____ FAX: _____

NAME: _____ CITY & STATE: _____

TELEPHONE: _____ FAX: _____

NAME: _____ CITY & STATE: _____

TELEPHONE: _____ FAX: _____

FINANCIAL INFORMATION: CHECKING ACCOUNT NO.: _____

NAME OF BANK: _____ PHONE: _____

MAILING ADDRESS: _____

I HEREBY AUTHORIZE TROPICAL PLANT CARRIERS, INC. TO CONTACT MY BANK AND TRADE REFERENCES. TERMS ARE NET 15 DAYS. A SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM) MAY BE APPLIED TO ALL AMOUNTS OVER 30 DAYS OLD. SHOULD IT BECOME NECESSARY TO PLACE THIS ACCOUNT IN THE HANDS OF AN ATTORNEY OR COLLECTION AGENCY, THE APPLICANT AGREES TO BE RESPONSIBLE FOR ALL COSTS OF COLLECTION, INCLUDING COSTS AND ATTORNEY'S FEES BOTH AT THE TRIAL AND APPELLATE LEVELS. VENUE FOR ANY LEGAL ACTION SHALL BE IN ORANGE COUNTY, FLORIDA.

BY: _____ TITLE: _____ DATE: _____