## This form is only for applicants in **NORTH AMERICA.**



## **ESMERALDA FARMS**

305.629.4000 | 800.888.8994 | Fax: 305.592.7544

#### **SECTION I: APPLICANT TO COMPLETE SECTION 1 ONLY**

In connection with our application for credit, I authorize you to furnish ESMERALDA FARMS the information requested below. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Name(Please Print)	Title
	Date
SECTION II: TO BE COMPLETED BY FINANCIAL INS	TITUTION
REF	_ Account No
	dit reference. In strict confidence and for credit purposes only, I a stamped, self-addressed envelope for your use. Thank you
COMMERCIAL CHECKING ACCOUNT:	ESMERALDA FARMS
Date Account Opened Average Balance	ce:LowMediumHigh No. of Digits
OVERDRAFT HISTORY:	
No. of Insufficient Fund Checks in Past 12 Months	Is Account Satisfactory? Yes No
COMMERCIAL SAVINGS ACCOUNT:	
Date Account Opened	Amount Due
LOANS OUTSTANDING:	
Date Opened	Amount Due
Payment Trends	ls Account Satisfactory? Yes No
Completed By(Please Print)	_ Title
	Data

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Company Name				Date		
Division of, D/B/A or A/K/A						
Street Address				Telephone		
Mailing Address				Fax		
Company Structure:C	orporation	Partnership	Proprietorship			
Date Business Started		Do you	have another bus	siness within thi	s trade?YesNo	
Name		Locatic	on			
Responsible Parties (Owner Name Ti	tle	Home Address			Social Security No.	
Accounts Payable Contact .				Telephone		
Has the company ever filed If so, which state, under wh	for bankrupto at name and i	cy?Yes	_No			
				Phone		
Authorized Signature for Ba	ank Account .			Contact Person	n	
TRADE REFERENCES:						
Name				Phone		
Address				Contact		
Name				Phone		
Address				Contact		
Name				Phone		
Address						
Name				Phone		
Address				Contact		

In making this application for credit, I/we hereby agree that all amounts are payable on or before the net due date as shown on each invoice, and if not paid on or before said date, are then delinquent. Further, I/we agree to pay a delinquency charge of 1-1/2% per month (18% per annum) or the maximum allowed by law, whichever is less, on any amount which becomes past due more than 15 days from the net due date appearing on each invoice and thereafter on all such delinquent amounts until paid. I/we understand that all orders will be shipped Pre-Paid until the credit is approved. I/we authorize ESMERALDA FARMS to check all business credit history along with the personal credit history of all Responsible Parties through all available sources. Notification will be given upon credit approval or denial. If credit is granted, I/we agree to the terms set forth and accept responsibility for payment of the account. I/we agree and acknowledge that ESMERALDA FARMS shall at all times retain the right to deny credit to the account at ESMERALDA FARMS' sole and absolute discretion. I/we agree, that if this account is placed for collection, to pay all costs and expenses of collection including attorney's fees. I/we further agree that any suit which arises out of this agreement may be instituted and maintained in any court of competent jurisdiction in Miami-Dade County and shall be governed by Florida Law. I/we agree that failure to enforce any of the terms set forth does not constitute a waiver of these terms in the future. By execution and delivery of this agreement, I/we hereby accept the exclusive jurisdiction of the aforesaid courts irrevocably waive to the fullest extent permitted by law, any objection which I/we may now or hereafter have to the laying of venue of any suit, action or proceedings with respect to such agreement brought in any such court, and further irrevocably waive, to the fullest extent permitted by law any claim that any such suit, action or proceedings brought in any such court has been brought in any inconvenient forum.

The person signing this application must be an owner, partner or officer.
Name
Title Date
Signature
PERSONAL GUARANTEE
n consideration of you extending credit to the above Company at my/our request, I/we, jointly and individually hereby rrevocably, absolutely and unconditionally personally guarantee the payment of all their obligations to ESMERALDA FARMS. The undersigned hereby agrees that in the event of any default by the above Company, ESMERALDA FARMS shall be entitled to proceed against the undersigned immediately for such payment without prior demand or notice. The undersigned further agrees to pay all costs and expenses of collection, including the attorney's fee incurred by ESMERALDA FARMS in the enforcement of this guaranty. I/we further agree that any suit which arises out of this agreement may be instituted and maintained in any court of competent jurisdiction in Miami-Dade County and shall be governed by Florida Law. I/we agree that failure to enforce any of the terms set forth does not constitute a waiver of these terms in the future. By execution and delivery of this agreement, I/we hereby accept the exclusive jurisdiction of the aforesaid courts and irrevocably waive, to the fullest extent permitted by law, any objection which I/we may now or hereafter have to the laying of venue of any suit, action or proceedings with respect to such agreement brought in any such court, and further irrevocable waive, to the fullest extent permitted by law, any claim that any such suit, action or proceedings brought in any such court has been brought in any inconvenient forum.
N GOOD FAITH:
Guarantor(Please Print)
Signature
Spouse's Name(Please Print) Signature
Date