



**APPLICATION FOR CREDIT AND CREDIT AGREEMENT**

Your company has requested a charge account with Amerigrow Recycling. Please submit the following information to enable us to obtain a credit history for that purpose.

**A FACSIMILE COPY OF THIS APPLICATION IS AGREED TO BE LEGALLY VALID AND BINDING.**

Notwithstanding any corporate title listed below, the person(s) executing this credit application on behalf of the applicant personally, individually and jointly and severally guarantees payments of applicant's past, present and future obligations to Amerigrow Recycling.

**FIRM NAME:** \_\_\_\_\_

**NAME IF D/B/A:** \_\_\_\_\_

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

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

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

**TELEPHONE #:** (     ) \_\_\_\_\_ **FAX #:** (     ) \_\_\_\_\_

**HOW DID YOU HEAR ABOUT AMERIGROW?** \_\_\_\_\_

CORPORATION       PARTNERSHIP       SOLE PROPRIETORSHIP

**STATE OF INCORPORATION:** \_\_\_\_\_ **YEAR ESTABLISHED:** \_\_\_\_\_

**TAX EXEMPT #:** \_\_\_\_\_ **FEDERAL ID #:** \_\_\_\_\_

**AGRICULTURAL BOND #:** \_\_\_\_\_ **TYPE OF BUSINESS:** \_\_\_\_\_

**PRINCIPALS (NAMES OF OFFICERS):** \_\_\_\_\_

\_\_\_\_\_ **SSN:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

\_\_\_\_\_ **SSN:** \_\_\_\_\_ **POSITION:** \_\_\_\_\_

	TRADE REFERENCES	ADDRESS/PHONE	CONTACT
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**BANK NAME:** \_\_\_\_\_

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

**BANK ACCOUNT #:** \_\_\_\_\_

I, \_\_\_\_\_, HEREBY AUTHORIZE MY BANK REFERENCE TO RELEASE ANY INFORMATION REGARDING OUR FINANCIAL ACCOUNT TO AMERIGROW RECYCLING. A PHOTOCOPY OF THIS AUTHORIZATION WILL BE AS VALID AS THE ORIGINAL.

IF APPROVED FOR CREDIT, PAYMENT TERMS ARE NET 30 DAYS FROM THE INVOICE DATE, UNLESS MODIFIED BY SEPARATE, WRITTEN AGREEMENT AND A SERVICE CHARGE OF 1 1/2% PER MONTH (18% APR) WILL BE ASSESSED IF MY (OUR) ACCOUNT BECOMES DELINQUENT. NON-COMPLIANCE WITH THESE TERMS WILL RESULT IN SUSPENSION OF CREDIT PRIVILEGES. IF LITIGATION IS REQUIRED TO ENFORCE THE TERMS OF THIS CREDIT AGREEMENT, THE PREVAILING PARTY WILL BE ENTITLED TO RECOVER ITS REASONABLE ATTORNEY FEES AND COSTS. THE SOLE AND EXCLUSIVE VENUE FOR ANY LITIGATION BROUGHT TO ENFORCE ANY CLAUSE HEREOF SHALL BE A STATE COURT IN EITHER PALM BEACH, BROWARD OR MIAMI-DADE COUNTY, FLORIDA AT THE SOLE OPTION OF AMERIGROW, WITHOUT REGARD TO THE PLACE OF PERFORMANCE OF ANY CLAUSE HEREOF OR THE PLACE OF DOMICILE OR INCORPORATION OR FORMATION OF THE CUSTOMER.

ACCEPTED AND AGREED TO ON: \_\_\_\_\_, 20\_\_\_\_.

BY: \_\_\_\_\_ AUTHORIZED SIGNATURE      \_\_\_\_\_ PLEASE PRINT NAME OF SIGNATORY & TITLE

IN CONSIDERATION OF AMERIGROW RECYCLING EXTENDING CREDIT TERMS TO ME (US), I (WE) AGREE, JOINTLY AND SEVERALLY, TO BE RESPONSIBLE FOR THE PAYMENT FOR ALL GOODS AND SERVICES SUPPLIED TO ME (US) AND / OR THE ABOVE NAMED BUSINESS. .

BY: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_