



*A Tradition in Growing
California's Best Flowers*

**FARMERS WEST
FLOWERS & BOUQUETS, INC.**

5300 FOOTHILL ROAD
CARPINTERIA CA 93013

805.684.5531

805.684.6112 FAX A/R

<http://www.farmerswest.com>

CUSTOMER ACCOUNT APPLICATION

DATE _____

WE WELCOME YOUR INTEREST IN DOING BUSINESS WITH OUR COMPANY!
PLEASE COMPLETE THIS APPLICATION AND E-MAIL OR FAX TO US PROMPTLY AT 805-684-6112.
YOUR ASSISTANCE IS APPRECIATED. **THANK YOU!**

NAME OF BUSINESS: _____

BUSINESS ADDRESS:

SHIPPING ADDRESS:

STREET _____ STREET _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

PHONE _____ PHONE _____

FAX _____ FAX _____

HOW MANY YEARS IN BUSINESS _____ METHOD SHIPPING _____ ACCT# _____

WEBSITE: www. _____

TYPE OF ORGANIZATION

SOLE PROPRIETORSHIP _____ CORPORATION _____ PARTNERSHIP _____

CALIFORNIA RESALE # _____ FEDERAL TAX I.D. # _____

NAME OF OWNER: _____

PERSONAL RESIDENCE _____

CITY, STATE, ZIP: _____

PERSONAL TELEPHONE: _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE # _____ E-MAIL _____

**The undersigned agrees to pay interest at 1.5 percent per month on all
unpaid balances over 30 days past due.**

SIGNATURE _____ **DATE** _____

CREDIT APPLICATION

(To be completed with customer account application)

BUSINESS CREDIT REFERENCES

LIST REFERENCE (TRADE REFERENCES ONLY) WITH WHOM YOU HAVE ESTABLISHED CREDIT AND DO BUSINESS WITH ON A CONTINUING BASIS.

NAME _____ TELPHONE# _____

ADDRESS _____ FAX# _____

CITY _____ STATE _____ CONTACT _____

EMAIL ADDRESS: _____

NAME _____ TELPHONE# _____

ADDRESS _____ FAX# _____

CITY _____ STATE _____ CONTACT _____

EMAIL ADDRESS: _____

NAME _____ TELPHONE# _____

ADDRESS _____ FAX# _____

CITY _____ STATE _____ CONTACT _____

EMAIL ADDRESS: _____

BANK REFERENCE

BANK: _____ ACCOUNT# _____

ADDRESS: _____ PHONE: _____

OFFICER CONTACT AT BANK: _____

HAVE YOU, ANY OF YOUR PARTNERS, OR THIS ORGANIZATION EVER DECLARED BANKRUPTCY? NO YES

IF YES, PLEASE GIVE THE DATE(S) _____

HOW MUCH CREDIT REQUESTED (AN AVERAGE PER MONTH) \$ _____

SIGNATURE _____

TITLE: _____

Your signature authorizes Farmers West Flowers & Bouquets, Inc., to investigate the company's credit history, including requesting reports from any reporting agency.

GUARANTY

For and in consideration of FARMERS WEST FLOWERS & BOUQUETS, INC. extending credit to _____ (hereinafter referred to as "Company"). The undersigned (whether one or more) jointly, severally and unconditionally guarantees the full and punctual payments when due of all indebtedness now or hereafter owing by said Company, and personally guarantees to FARMERS WEST FLOWERS & BOUQUETS, INC., payments on statements and/or invoices, of any obligations of the Company whenever the Company should fail to pay the same. This guarantee additionally binds the undersigned to pay any attorney or collection fees and or court costs assessed by a court located in Santa Barbara County California, or pay FARMERS WEST FLOWERS & BOUQUETS, INC. should the account be placed with an attorney for collections.

The undersigned waives notice of FARMERS WEST FLOWERS & BOUQUETS, INC., acceptance hereof, of the accrual, renewal and extensions of the indebtedness, of the Company's default, and of the accrual of the undersigned liability hereunder, as well as grace, notice, presentment for payment and protest, with respect to every portion of the indebtedness.

This guaranty shall continue to be in full force and effect even though the customer may assign its obligations hereunder, and this guaranty applies to any successor or assignee of the customer or its business.

Executed this _____ Day of _____ Year _____

By Credit Manager: _____

SIGNATURE OF GUARANTORS BY INDIVIDUAL

I HAVE READ AND UNDERSTAND THE ABOVE AND SIGN OF MY OWN FREE WILL.

SIGNATURE _____ SIGNATURE _____

PRINT NAME _____ PRINT NAME _____

RESIDENCE _____ RESIDENCE _____

ADDRESS _____ ADDRESS _____

CITY _____ CITY _____

PHONE _____ PHONE _____

SOCIAL SECURITY # _____ SOCIAL SECURITY# _____

DRIVER LICENSE # _____ DRIVER LICENSE # _____

DATE OF BIRTH _____ DATE OF BIRTH _____