

APPLICATION FOR CREDIT

Product Delivered To:

Business Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
County: _____ Telephone: _____ Fax: _____

Statement Mailed To:

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Fax: _____

Accounts Payable Manager/Contact: _____

General Information:

Type of business: _____
Years in business: _____ Years at present location: _____

Sales Representative: _____

Sales Representative #: _____

Please Check One:

- Individual
 Partnership
 Corporation

If a Golf or Country Club, is it member owned? Yes No

Sales Tax:

Rate: _____

Attach Tax Certificate

REQUIRED

Restricted Use Pesticide License Information: (attach copy)

License Name: _____
License Number: _____ Expiration Date: _____

If Corporation:

Corporation Name: _____ State of Incorporation: _____
Principal Shareholder: _____ ID Number: _____

Name of Owners or Officers:

Name: _____ Address: _____
Name: _____ Address: _____

Bank Reference:

Bank Name: _____ Contact Name: _____
Address: _____

Trade References:

1. Name: _____ Phone#: _____ Fax#: _____
Address: _____ Account#: _____
2. Name: _____ Phone#: _____ Fax#: _____
Address: _____ Account#: _____
3. Name: _____ Phone#: _____ Fax#: _____
Address: _____ Account#: _____

By signature I certify to the best of my knowledge, the accuracy of the information provided herein and agree to notify Harrell's, LLC. of any changes in this information. I understand that Harrell's, LLC. retains title to the merchandise until fully paid for. I further understand that payment is due 30 days from the date of invoice except as otherwise stated on an applicable invoice. Interest on Past Due accounts shall accrue at the rate of 18 percent per annum. Attorney fees, collection fees and court costs are to be paid by applicant if legal action is instituted for the collection of the invoice. The applicant and all Guarantors waive any and all rights to venue under Chapter 47, Florida Statutes, including any Amendments thereto, agree that any action brought to collect on the account shall be brought in any court of competent jurisdiction in Polk County, Florida, and waive all rights to a jury trial.

Authorized Signature: _____ Title: _____

Guaranty

The undersigned Guarantor(s), jointly and severally, hereby unconditionally guarantee to the Sellers the due performance, including but not limited to the prompt payment when due, of all payments due on purchases by Applicant of goods and/ or services. This Guaranty is a continuing one and shall be effective and binding until Applicant's obligations have been satisfied. The Guarantor(s) shall be liable notwithstanding any renewals, extensions, or modifications of the Application and expressly authorize the Sellers to deal in any manner with any obligation or indebtedness under the Application and any invoice and/or other documents evidencing Applicant's obligations to Sellers, and agree the Sellers shall have no duty or obligation to institute proceedings against the Applicant or to exhaust any other remedy in law or equity against the Applicant before bringing suit or instituting proceedings against the Guarantor(s). In addition to the Applicant's payments, the Guarantor(s) also guarantee payment of all costs and expenses, including reasonable attorneys' fees and expenses incurred in all matters of collection and enforcement, before, during, and after trial proceedings and appeals, as well as appearances in connection with any bankruptcy proceedings or enforcing the Guaranty or any of the terms contained herein.

Authorized Signature: _____



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