



Bank Reference

CONNECTAFLO
P.O. Box 228030 | Miami, Florida 33222
305.629.4000 | 800.888.8994 | Fax: 305.629.6492

SECTION I: APPLICANT COMPLETE SECTION 1 ONLY

In connection with our application for credit, I authorize you to furnish CONNECTAFLO 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 _____ Title _____
(please print)

Signature _____ Date _____

SECTION II: TO BE COMPLETED BY FINANCIAL INSTITUTION

REF: _____ ACCOUNT NO. _____

The above named company has given your bank as a credit reference. In strict confidence and for credit purposes only, please answer the following questions. We have enclosed a stamped, self-addressed envelope for your use. Thank you for your cooperation.

CONNECTAFLO

COMMERCIAL CHECKING ACCOUNT:

Date Account Opened _____ Average Balance: ___Low ___ Medium ___High 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 _____ Is Account Satisfactory ___ Yes ___ No

Completed By _____ Title _____
(please print)

Signature _____ Date _____



Credit Application

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Company Name _____ Date _____

Division of, D/B/A or A/K/A _____

Street Address _____ Mailing Address _____

Telephone _____ Fax _____

Company Structure: ___ Corporation ___ Partnership ___ Proprietorship

Date Business Started _____ Do you have another business within this trade? ___ Yes ___ No

Name _____ Location _____

Responsible Parties (Owners, Partners, Officers):

Table with 5 columns: Name, Title, Home Address, Home Phone, Social Security No. and 3 rows for data entry.

Accounts Payable Contact _____ Telephone _____

Amount of Credit Requested _____ Sales Tax No. _____

Occupational License No. _____ Federal I.D. No. _____

Has the Company ever filed for bankruptcy? ___ Yes ___ No

If so, which state, under what name, and year? _____

COMPANY BANK REFERENCE:

Name _____ Phone _____

Address _____ Acct. No. _____

Authorized Signature for Bank Account _____ Contact Person _____

TRADE REFERENCES:

Name _____ Phone _____

Address _____ Contact _____

Name _____ Phone _____

Address _____ Contact _____

Name _____ Phone _____

Address _____ Contact _____

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 credit is approved. I/we authorize CONNECTAFLO 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 CONNECTAFLO shall at all times retain the right to deny credit to the account at CONNECTAFLO's 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 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.

Person signing this application must be an owner, partner, or officer.

Name _____

Title _____ Date _____

Signature _____

PERSONAL GUARANTEE

In consideration of you extending credit to the above Company at my/our request, I/we, jointly and individually hereby irrevocably, absolutely and unconditionally personally guarantee the payment of all their obligations to CONNECTAFLO. The undersigned hereby agrees that in the event of any default by the above Company, CONNECTAFLO 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 attorney's fee incurred by CONNECTAFLO 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.

IN GOOD FAITH

Guarantor _____
(please print)

Signature _____

Spouse's Name _____
(please print)

Signature _____

Date _____