

M. J. STAVOLA FARMS, INC.
D/B/A M. J. STAVOLA INDUSTRIES
P.O. Box 1209, Anthony, Florida 32617
Office (352) 629-9715 Fax (352) 620-9118
Email: sales@stavolaind.com

CORPORATE/LLC CREDIT APPLICATION

DATE: _____

PHONE: _____

FAX: _____

EMAIL: _____

NAME OF CORPORATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS PRINCIPALLY ENGAGED IN: _____

APPROX CURRENT JOB REQUIREMENTS \$ _____ MONTHLY \$ _____

HAVE YOU EVER APPLIED FOR CREDIT WITH US OR APPLIED UNDER A DIFFERENT
NAME: YES / NO NAME: _____

HAVE YOU FILED FOR BANKRUPTCY / REORGANIZATION IN THE LAST 7 YEARS: _____

ARE YOU TAX EXEMPT? YES / NO PURCHASE ORDERS REQUIRED? YES / NO

SPECIAL BILLING INSTRUCTIONS: _____

STATE & DATE OF INCORPORATION: _____

NAME & ADDRESS OF FLORIDA REGISTERED AGENT: _____

OFFICERS NAMES: (IF LLC-LIST MEMBERS)	STREET ADDRESS/CITY/STATE:	TITLE:
_____	_____	<u>PRESIDENT</u>
_____	_____	<u>VICE-PRES.</u>
_____	_____	<u>SECRETARY</u>
_____	_____	<u>TREASURER</u>

IF SUBSIDIARY, NAME OF PARENT COMPANY: _____

APPLICANT'S INITIALS: _____

REFERENCES

<u>BANK:</u>			
<u>NAME</u>	<u>MAILING ADDRESS/CITY/STATE/ZIP</u>	<u>ACCOUNT NUMBER</u>	<u>TELEPHONE / FAX</u>
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

<u>TRADE:</u>			
<u>NAME</u>	<u>MAILING ADDRESS/CITY/STATE/ZIP</u>	<u>ACCOUNT NUMBER</u>	<u>TELEPHONE / FAX</u>
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____
4:	_____	_____	_____

<u>LOANS / MORTGAGES:</u>			
<u>NAME</u>	<u>MAILING ADDRESS/CITY/STATE/ZIP</u>	<u>ACCOUNT NUMBER</u>	<u>TELEPHONE / FAX</u>
1:	_____	_____	_____
2:	_____	_____	_____
3:	_____	_____	_____

ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT

APPLICANT'S INITIALS: _____

TERMS AND CONDITIONS

In consideration of M. J. Stavola Farms, Inc. D/B/A M. J. Stavola Industries extending credit to Applicant, Applicant agrees to the following: That the terms of the sale are net 30 days from invoice date unless previous arrangements have been made. Past due amounts, 30 days or over, are subject to finance charges of 1.5% per month (18% per annum). Waiver of any one or more finance charges shall not be deemed to be a waiver of future finance charges. If material

and/or service is not paid for and M. J. Stavola Farms, Inc. D/B/A M. J. Stavola Industries engages a collection agency and/or attorney to enforce collection, we/I agree to pay all expenses and costs of litigation including collection fees and/or court costs and a reasonable attorney's fee to be fixed by any court in which any said attorney is required to appear and further agree that they (the Corporation and or individuals) may be sued in a court of competent jurisdiction in the State of Florida.

Applicant authorizes M. J. Stavola Farms, Inc. D/B/A M. J. Stavola Industries to obtain credit and financial information about applicant at any time from any source.

Officer's Signature: _____ **Title:** _____

Officer Name (Printed): _____ **Date:** _____

To induce M. J. Stavola Farms, Inc. D/B/A M. J. Stavola Industries to extend credit to the above applicant Corporation, the undersigned individual, personally guarantees payment of any and all liabilities incurred by applicant Corporation.

Signature: _____ **(Signature Required)** **Date:** _____

Name (Printed): _____