

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

INDIVIDUAL/DBA CREDIT APPLICATION
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DATE: _____

NAME OF INDIVIDUAL / COMPANY: _____ PHONE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TYPE OF BUSINESS PRINCIPALLY ENGAGED IN: _____

APPROXIMATE CURRENT JOB REQUIREMENTS \$ _____ MONTHLY \$ _____

HAVE YOU EVER APPLIED FOR CREDIT WITH US OR APPLIED UNDER A DIFFERENT NAME: _____

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

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

SPECIAL BILLING INSTRUCTIONS: _____

ATTACHED MOST RECENT COPY OF FINANCIAL STATEMENT

REFERENCES

BANK:

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

TRADE:

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

LOANS / MORTGAGES:

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

NAME OF INDIVIDUAL / COMPANY: _____

NUMBER OF YEARS IN BUSINESS: _____
OWNER: _____ SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
NEAREST RELATIVE NAME: _____ RELATIONSHIP _____
ADDRESS _____ PHONE _____

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 it/he 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.

Applicant: _____ Officer (Name Printed / Type): _____

Officer's Signature : _____ Title: _____ Date: _____

SIGNATURE OF THE PERSON(S) WHO SIGN CHECKS (MUST BE FILLED IN COMPLETELY):

Name: _____ Date of Birth: _____ DL state of issue: _____

Signature: _____ Drivers License Number: _____

Name: _____ Date of Birth: _____ DL state of issue: _____

Signature: _____ Drivers License Number: _____