



## Costa Rica Cane Company

11292 SW Lunata Way Port St. Lucie, FL 34987

(305) 345-3143 | [jim@crcaneco.com](mailto:jim@crcaneco.com)

[www.crcaneco.com](http://www.crcaneco.com)

Dear Customer:

Thank you for your interest in doing business with us. We look forward to serving you with all your plant needs!

Please follow the instructions below in order to apply for a credit account with us:

- Type or print all required information on the Credit Application.  
*Note: Omitting information will delay approval, or in some cases, result in denial of a credit account.*
- The application must be signed front and back by an officer of the corporation listed with the Secretary of State's office, a partner, or the owner, if a sole proprietorship, in order to be considered for a credit line. Type or print the name of the person signing the application underneath the signature line.
- After the application has been completed, signed and dated, you may e-mail it to [jim@crcaneco.com](mailto:jim@crcaneco.com) in order for us to expedite the processing.
- Mail the original application to our office, at 11292 SW Lunata Way Port St. Lucie, FL 34987.

Once the process has been completed and everything is in order. We will determine payment terms and credit limits and advise you of the same.

Thank you for giving us the opportunity to be of service!

Sincerely,

Jim Evelyn



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## CREDIT APPLICATION

(General Terms & Conditions Attached)

In order to be considered for a credit account, this application must be completed and signed on all pages **by an officer, partner or owner**. Instructions are on the last page of this document.

*Any omissions will delay processing.*

### GENERAL INFORMATION

Exact Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

How Long in Business? \_\_\_\_\_ Credit Line Requested: \$ \_\_\_\_\_

Organization Structure: Corporation  Partnership  Sole Proprietorship  Federal I.D. Number \_\_\_\_\_

Electronic Invoicing Preference? Y  N

If Yes, please provide e-mail address invoice should be sent to: \_\_\_\_\_

### BANKING REFERENCE

Name \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

I/We authorize the release of information to Costa Rica Cane Company, Inc. Costa Rica Cane Company, Inc. is authorized to carry out investigations and to obtain credit information and reports.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ *(Officer, Partner, or Owner)* \_\_\_\_\_

### TRADE REFERENCES

1. Name of Vendor \_\_\_\_\_ Contact \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

2. Name of Vendor \_\_\_\_\_ Contact \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

3. Name of Vendor \_\_\_\_\_ Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

4. Name of Vendor \_\_\_\_\_ Contact \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Country \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

**APPLICANT'S STATEMENT**

I/We certify the information contained herein to be true and correct. I/We have been advised of terms of sale and understand that a 1-1/2% per month service charge will be made on any invoices over 30 days past due. On any checks returned to Costa Rica Cane Company, Inc., \$25.00 or 5% of check amount, whichever is higher, will be charged. At no time will this amount exceed the highest amount allowed by the laws of the State of Florida.

If I/we default on any amount due, Costa Rica Cane Company, Inc. may at its option declare the entire balance immediately due and payable.

I/We authorize the release of information to Costa Rica Cane Company, Inc. Costa Rica Cane Company, Inc. is authorized to make investigations and to obtain credit information and reports.

In the event of default, I/we further agree to pay reasonable attorney's fees and costs of collection, whether or not suit be brought. The Parties agree that all matters shall be governed by and constructed according to the laws of the State of Florida. Applicant acknowledges that, whether or not suit be brought, jurisdiction of the person and subject matter, as well as venue, shall be in Miami-Dade County, Florida.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Print Name \_\_\_\_\_ *(Officer, Partner or Owner)* \_\_\_\_\_

**CONTINUING PERSONAL GUARANTY**

WHEREAS , \_\_\_\_\_, hereinafter called "Customer" is or may become indebted to Costa Rica Cane Company, Inc., herein after called "Creditor".

NOW THEREFORE, for valuable consideration, the receipt and adequacy of which are hereby acknowledged, the undersigned Guarantor hereby absolutely and unconditionally guarantees to Creditor the prompt payment at maturity and all times thereafter of all amount due to Creditor by Customer.

Guarantor represents that he, she, or it, will receive a direct and material benefit from the extension of credit by the Creditor to the Customer. In the event of default by Customer in payment of any amount due to Creditor from Customer, when such indebtedness becomes due, either by its terms or as the result of the exercise of any power to accelerate. Guarantor shall, on demand and without further notice of dishonor, without any notice have been given to Guarantor previous to such demand of the creating or incurring of such indebtedness, pay the amount due thereon to Creditor and it shall not be necessary for Creditor, in order to enforce such payment by Guarantor, first to institute suit or exhaust its remedies against Customer or others liable on such indebtedness.

In the event of default, I/we further agree to pay reasonable attorney's fees and costs of collection, whether or not suit be brought. The Parties agree that all matters shall be governed by and constructed according to the laws of the State of Florida. Guarantor acknowledges that, whether or not suit be brought, jurisdiction of the person and subject matter, as well as venue, shall be in Miami-Dade County, Florida.

EXECUTED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Guarantor's Name \_\_\_\_\_ ID# , D/L, SS# \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Guarantor's Signature \_\_\_\_\_  
 Witness Signature \_\_\_\_\_