

KITAYAMA BROTHERS INC P.O. BOX 1510, WATSONVILLE CA 95077 PHONE 800-472-4184 FAX 831-722-4185

Email: accounting@kitayamabrothers.com

We at Kitayama Bros., Inc. are excited about the opportunity to serve you and become your partner in the floral business. We look forward to a long and mutually beneficial relationship.

To establish an account with Kitayama Bros., Inc., please complete, sign, initial and date all appropriate places in this application. To expedite your account, scan and email a copy to accounting@kitayamabrothers.com or fax to 831-722-4185 and please mail the original to P.O. Box 1510, Watsonville, CA 95077. Otherwise you can drop off your application at our farm office on 481 San Andreas Road, Watsonville, CA 95076. On behalf of Kitayama Bros., Inc., and its employees, I thank you for this opportunity and assure you that we will never compromise our commitment to provide you with quality products and service.

Sincerely,

Robert Kitayama President/CEO

CUSTOMER INFORMATION SHEET

General Information

Name of Firm	Yea	ars in Business	
Business Street Address			
Business Mailing Address (I	f different) City		
Business Phone Number _	State _	Zip	
Email Address		Fax Number	
Type of	f Business Individual	Partnership Corporation	
If Corporation, Date of Inco	rporation	State of Incorporation	
State Resale Tax Number	Ag Lice	ense	
		cation. Failure to do so will delay the processing of your appl rietor	
Owners Name	Title	Home Phone	
Home Address (not a P.O. B	ox)		
Social Security Number	Dri	vers License Number	
Spouse's Name	Social Sec	curity Number	
Spouse's Place of employment	nt	Work Phone	
	Partnership Or Cor	porate Officers	
1. Name of Agent	Title	Company Phone	
Company Address			
2. Name of Agent	Title	Company Phone	
Company Address			
3. Name of Agent	Title	Company Phone	
Company Address			
	Initial Page	_ Date	

CREDIT INFORMATION

Business Property

	Own	R	Rent
Name of Landlord or Mortgag	e Holder		
Phone Number			
	<u>Banl</u>	<u> Information</u>	1
Bank Name			
Address			
Checking Account Numbers_			
Bank Officer to Contact			
Phone Number			
		redit Limit	
Annual Sales	Estimated Mo	nthly Purcha	ses from Kitayama Bros
	<u>Major T</u>	rade Referen	<u>ices</u>
Name		Acct #	
City/State	Phone		Fax
Name		Acct #	
City/State	Phone		Fax
Name		Acct #	
City/State			
	<u>Personal</u>	Credit Refere	<u>ences</u>
Name		Acct #	
City/State	Phone		Fax
Name		Acct #	
City/State	Phone		Fax
Name		Acct #	
City/State	Phone		Fax
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Authorized Buyers

1. Name	Email
2. Name	Email
3. Name	Email
4. Name	Email
Are Purchase Orders Required to Change your A	account?
<u>T.</u>	erms of Sale
(18% APR) will be added to past due amounts. It electronically debited from your account for the legal limit), plus any applicable sales tax. There wagree to the terms of sale. In the event Kitayama a collection agency and /or attorney from collect	wing date of purchase. A finance charge of 1.5% per month, in the event the bank returns a check, the check will be amount of the check, plus a processing fee of \$30.00 (or will also be a \$30.00 bank fee charged. I understand and Bros., Inc., deems it necessary to place my account with ion of any past due amounts, I agree to pay all associated wledge this agreement is governed by the laws of Califor-
Signature Date	Signature Date
Initial Page	Date

Individual Personal Guarantee

For and in consideration of Kitayama Bros., Inc. (hereinafter called "Kitayama") extending credit at the undersigned's request to ("Company"), the undersigned (whether one or more) jointly, severally and unconditionally guarantees the full and punctual payment of all indebtedness now and hereafter owing by said Company, and personally guarantees to Kitayama the payment of any obligation of the Company whenever the company should fail to pay the same. This guaranty additionally binds the undersigned to pay any collection/attorney fees and/or court costs assessed by a Court, or paid by Kitayama should the account be placed with a collection agency and/or attorney for collection. In the event the bank returns a check, the check will be electronically debited from my account for the amount of the check, plus a processing fee of \$30.00 (or legal limit), plus any applicable sales tax. There will also be a \$30.00 bank fee charged.

The undersigned waive notice of Kitayama's acceptance hereof, of the accrual, renewal and extension of the indebtedness, of the company's default, and of the accrual undersigned's liability hereunder, as well as grace, notice, presentment for payment, and protest with respect to every option of the indebtedness.

In compliance with Federal Trade Commission regulations, I/We further authorize Kitayama to investigate the undersigned's credit, including requesting credit reports from any credit reporting agencies.

Executed this _		Day of	, 20	
Print Name		Print Name		
Signature		Signature		
	Initial Page	Date		

CREDIT POLICY STATEMENT

1. Payment of an open account is due by the 15th of the month following the date of purchases. All such

purchases will appear at the bottom of the monthly state	ement under the heading "Current"
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2. A finance charge of 1.5% per month (18% APR) is au	tomatically added total past due balances.
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3. If the monthly statement shows a 60-day balance and month in which the statement is received, the account whowever to change an open account to C.O.D. at any time.	will be changed to C.O.D. We reserve the right,
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4. In the event the bank returns a check, the check will l amount of the check, plus a processing fee of \$30.00 (or will also be a \$30.00 bank fee charged by Kitayama to me to "CASH ONLY" until the Non-Sufficient Funds check Non-Sufficient Funds checks are received within three ("CASH ONLY" for at least one (1) year.	legal limit), plus any applicable sales tax. There account. The account status will also be changed and the fees are paid in full. If three (30 or more
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If you have questions regarding your account, please co. Office at 800-472-4184.	ntact the A/R Department at our Watsonville,
We look forward to serving you.	
Signature	Signature
Initial Page	Date

California Resale Certificate

THEREBY CERTIFY:	
I hold valid seller's permit number:	
2. I am engaged in the business of selling the following	owing type of tangible personal property:
This certificate is for the purchase from listed in paragraph 5 below.	of the item(s) I have [Vendor's name]
tangible personal property in the regular cour use of the item(s) other than demonstration a my business. I understand that if I use the item	which I am purchasing under this resale certificate in the form of se of my business operations, and I will do so prior to making any and display while holding the item(s) for sale in the regular course of em(s) purchased under this certificate in any manner other than as h item's purchase price or as otherwise provided by law.
5. Description of property to be purchased for res	ale:
6094.5 if the purchaser knows at the time of purchase (other than retention, demonstration, or description of the seller of an arrangement of the seller of an	Ity of a misdemeanor under Revenue and Taxation Code section rchase that he or she will not resell the purchased item prior to any splay while holding it for resale) and he or she furnishes a resale amount as tax. Additionally, a person misusing a resale certificate tax is liable, for each purchase, for the tax that would have been 500, whichever is more.
NAME OF PURCHASER	
SIGNATURE OF PURCHASER, PURCHASER'S EMPLOYEE OR AUTHORIZED	REPRESENTATIVE
PRINTED NAME OF PERSON SIGNING	TITLE
ADDRESS OF PURCHASER	
TELEPHONE NUMBER	DATE