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ARMELLINI EXPRESS LINES, INC. / J. A. FLOWER SERVICE, INC. DBA ARMELLINI AIR EXPRESS /
NORTH STAR TRANSPORTATION, INC. / FRESCO SERVICES, INC.

**P. O. BOX 678
PALM CITY, FLORIDA 34991-0678**

Attached please find a copy of the Credit Application. Please fill out all pages fully. The application(s) should be typed or printed clearly in ink.

Return the completed credit application by fax to **772-403-1595**. However, the original credit application must be mailed to the above address attention

SALES & CREDIT DEPARTMENT

If you have any questions concerning the applications please call the number listed below, extension 11051 Nicole Clark

Once the application has been reviewed the Sales Representative in your area will contact you to address days of service available, minimum drop charges and rates.

Thank you for choosing **ARMELLINI INDUSTRIES, INC.**



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COMPANY POLICIES - CREDIT TERMS

NEW ACCOUNTS:

All prospective new accounts must complete a credit application in full. All parts of the application must be filled in and the application must be signed by all owners/officers of the company in all areas specified. If information requested or signatures required are not completed in full, the application will be returned to you for completion and this will delay getting your account approved. The references will be contacted and the application reviewed prior to Initial Shipment.

SECURITY DEPOSIT:

If your application is approved, a security deposit or a Continuing Irrevocable Standby Letter of Credit from your bank may be required. This will be held a minimum of one year and returned to you upon request if the account is paid according to our terms. DO NOT SEND A SECURITY DEPOSIT UNLESS YOU ARE NOTIFIED TO DO SO. ONCE YOUR ACCOUNT HAS BEEN APPROVED you will be notified if a deposit or other security arrangements will be necessary. (All deposits will be held in non-interest bearing accounts.)

TERMS OF PAYMENT:

ALL OPEN ACCOUNTS ARE NET THIRTY (30) DAYS FROM THE DATE OF INVOICE UNLESS SPECIFIED IN WRITING. You will receive weekly statements from Armellini Express Lines, Inc and monthly statements from all other subsidiaries and or affiliated companies that you have service with. All statements are to be paid upon receipt in order for your account to stay on a current basis with our company. This is essential to ensure that your shipments will not be interrupted at any time.

CREDIT LIMITS:

Limits are based on our credit investigation and your payment history. After 45 days a credit limit will be established for your account. This amount can be increased or decreased, based on how current the account manages its payments. You will be notified in writing of any changes.

MINIMUM DUE CHARGES:

Each account is assessed a daily minimum based on their location. You will be notified what your minimum is upon approval and set up of your account. This charge represents the minimum dollar amount required for us to make a direct delivery to your facility. This charge is assessed per shipping day and combines all charges out of Florida. You will be responsible for the minimum charge whether your shipment is prepaid or collect. EVERY ACCOUNT HAS A DAILY MINIMUM CHARGE AND WILL BE EXPECTED TO PAY THESE CHARGES PROMPTLY TO MAINTAIN GOOD CREDIT WITH AEL.

CLAIMS:

If you call between the hours of 8 AM and 5 PM, Monday through Friday, please speak with our Customer Service Department. No claim will be honored unless Armellini Express Lines, Inc. (AEL) is notified by the CONSIGNEE. You must obtain a CONTROL NUMBER when the matter is reported to us. Do not deduct from freight payments, a credit memo will be issued.

If you have any questions pertaining to any of the above, please contact the Credit Department at (772) 287-0575, ext. 1256.

P O Box 678 – Palm City FL 34991-0678 3446 SW Armellini Ave., Palm City 34990

Phone (772) 287-0575 or 800-327-7887 Fax 772-403-1595



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P. O. BOX 678
PALM CITY, FL 34991-0678
772-287-0575

FIRMNAME: _____ DATE: _____
PHONE: () _____
ADDRESS: _____ EMERGENCY#: () _____
FAX #: () _____

LEGAL STATUS:

CITY/STATE/ZIP _____ Proprietorship: _____
Partnership: _____
E-mail address: _____ Corporation: _____
Year Established: _____ Under Present Ownership Since: _____ Federal ID#: _____

Is Business Property Owned? _____ If not who is it leased from?
Name: _____ Phone: () _____

Type of business: Retail: _____ Wholesale: _____ Other: _____ Have you operated under another
business name (Y/N) _____ If yes, what name? _____

Listed with D & B? (Y/N) _____

What is Current Rating? _____ Have you ever filed bankruptcy? _____

Estimated monthly volume of Freight/Flowers to be shipped: _____

Officer/Owner Name & Titles	Birth Date	Residence	Home Phone	S.S. #
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Credit References: List five companies within the United States from whom Purchases are made on a direct credit basis. Include any transportation company references:

Company	City	St	Zip	Phone
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Bank Reference (Name & Branch): _____

Address: _____ Phone: () _____

Name of Officer you deal with: _____

Personal Account #: _____ Business Account #: _____



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PERSONAL GUARANTEE of INDEMNIFICATION: We, he undersigned (jointly and severally) in consideration of the extension of credit do hereby unconditionally guarantee payment in full of all indebtedness, liabilities or obligations, said applicant shall at any time owe to ARMELLINI INDUSTRIES, INC. or any of its subsidiaries or affiliated companies.

This guarantee of indemnification shall be continuing, absolute, and unconditional and shall remain in full force and effect unless and until expressly revoked by a written notice from the undersigned, sent certified mail, return receipt requested, but shall continue to remain in effect until all said indebtedness, liabilities and obligations created before receiving such notice shall be paid in full.

This guarantee extends to, and includes any and all, interest due, or to become due, together with any and all costs and expenses, (including but not limited to collection agency fees, attorney fees and court costs) by ARMELLINI INDUSTRIES, INC. or its affiliates or subsidiaries in connection with any indebtedness covered by this guarantee.

I/We hereby state that the foregoing information is true and correct. I/We agree to pay all bills in accordance with the terms of ARMELLINI INDUSTRIES, INC. or any of its subsidiaries or affiliated companies. This indemnification agreement is binding upon the undersigned, our heirs, administrators and assigns.

Individual: _____
Social Security # _____ Date _____

Print Name: _____

Individual: _____
Social Security # _____ Date _____

Print Name _____

Communication Consent: I understand that by providing my mailing address and fax number, I consent to receive communications sent by or on behalf of Armellini Industries (and its subsidiaries and affiliates) via regular mail, email, telephone, or fax. I understand that Armellini Industries will not share my address/email/telephone/fax with other organizations except when securing credit information.

Signature: _____ **Date:** _____

TERMS: Applicant's signature attests financial responsibility and willingness to pay invoices in accordance with the following terms: ALL BILLS ARE DUE AND PAYABLE WITHIN 30 DAYS FROM THE DATE OF INVOICE UNLESS SPECIFIED IN WRITING. I/We authorize ARMELLINI INDUSTRIES, INC. and my bank to verify the information supplied on this application and to receive information both now and in the future, with the application. I/We hereby state that the foregoing information is true and correct. I/We agree to pay all bills in accordance with the terms of **ARMELLINI INDUSTRIES, INC.** or any of its subsidiaries or affiliated companies. I/we also agree in the event of default of payment which includes but are not limited to any and all, interest due, or to become due, together with any and all costs and expenses, (including but not limited to collection agency fees, attorney fees and court costs) by ARMELLINI INDUSTRIES, INC. or any of its subsidiaries or affiliated companies are the responsibility of the applicant. I have read, understand and accept the above terms, and have provided true information to the best of my knowledge. I further authorize ARMELLINI INDUSTRIES, INC. or any of its subsidiaries or affiliated companies to verify any and all references we have given that may be required to determine our credit capabilities and to request relevant information from credit reporting agencies.

Name and Title of Applicant (Print): _____

Signature and Title of Authorized officer (Sign) _____ Date: _____