

Scrubs of Key West

Continuing Guaranty

For value received, and further in consideration of the credit which hereafter will be extended by Scrubs of Key West, LLC, having its principal offices in Tavernier, FL its successors and assigns, (here-in-after referred to as Scrubs) to_____.

Its successors and assigns, (here-in-after referred to as "Customer") the undersigned hereby guarantees jointly and severally to Scrubs the prompt payment at maturity of any liability or indebtedness no existing of which hereafter may be incurred by customer to Scrubs, with interest after maturity at the agreed or legal rate, and all costs and attorney's fees incurred in attempting to enforce payment thereof, on the following terms and conditions:

(1) The undersigned hereby agrees to and waives notice of any extension, modification, discharge, release, indulgence, compromise, settlement, change or variation of any term of said liability or indebtedness, or the acceptance, release or change of any security for said liability or indebtedness, and the acceptance of notes, trade acceptances or any other form of obligation for said liability or indebtedness. The undersigned waives notice of the following: Acceptance of this guaranty, any sales or deliveries to Customer, the amounts and terms thereof, defaults or disputes with Customer settlement or adjustments of such defaults or disputes, and the demand, protest, notice of protest of said notes and trade acceptances or their endorsements. The undersigned also waives demand for payment on the undersigned and agrees that suit may be brought against it before suit so brought against the Customer.

(2) Any judgment obtained against Customer for or on account of such liability or indebtedness shall be conclusive evidence of the amount hereby guaranteed.

(3) This is a continuing guaranty which shall be binding upon the undersigned and the heirs and legal representatives of the undersigned. It shall be revocable only as to transactions entered into by Scrubs subsequent to the receipt of written notice of termination by the Credit Department of Scrubs.

I /We certify that all the information on the form is correct. I/We authorize the release of any relevant banking information to Scrubs of Key West and understand that the information given will be held in strict confidence.

Dated at _____ this _____ day of _____, 20____

Scrubs of Key West

P O Box 9720
Tavernier, FL 33070

New Account Information Form

Phone 305-853-1700
Fax 305-852-2284

Billing Name
Address
City, State, Zip

Shipping Name
Address
City, State, Zip

if applicable: ____ subsidiary of	____ division of	Year in Business	
Company Name		Type Business	
Address		Partnership	Dun & Brad #
City, State, Zip		Corporation	Fed Tax ID #
		(State: _____)	State Tax #
		Individually Owned	

Names of Officers, Partners or Owners

Name	Title
Name	Title
Name	Title
Type Business	Number of Stores: attach ship to names & addresses
Purchasing Agent:	Person to contact for payment of Invoices:
Name	Name
Phone #	Phone #
Fax #	Fax #
e-mail address	e-mail address

Bank References

Bank:	Bank:
Acct #	Acct #
Contact	Contact
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone

Supplier References

Company Name	Company Name
Acct #	Acct #
Phone #	Phone #
Company Name	Company Name
Acct #	Acct #
Phone #	Phone #

Information supplied by: _____ Title: _____ Phone: _____

****IF YOU CLAIM EXEMPTION FROM SALES TAX PLEASE ATTACH A COPY OF YOUR EXEMPTION/RESALE CERTIFICATE****

Thank you for your credit application. The furnishing of your most recent Balance Sheet and Year End Income Statement will expedite the processing of your application. The absence of these documents may reduce the credit limits offered. Delays will also be experienced because of the need to check credit using alternate sources which are far less meaningful to us than financial statements