American Mulch Manufacturing and Logistics Corp

772-631-0819

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CONDITIONS

Application of Credit is made to American Mulch Manufacturing and Logistics Corp with the understanding that upon approval of credit and notification of terms of sales that American Mulch Manufacturing and Logistics Corp shall be entitled to payment in full for all purchases made in accordance with the terms specified. In the event it should become necessary to place for collection any balance due beyond said terms, American Mulch Manufacturing and Logistics Corp, shall be entitled to recovery of reasonable attorney fees, court costs and cost of collections. Venue of any action shall be in Martin County and the Laws of the State of Florida shall apply.

TERMS

____ of month following purchase unless special arrangements are made and stated in writing. Delinquent amounts subject to interest being accessed at ____% per month, which is equal to ____% per annum. Any account with a balance that exceeds ____ days will revert to a C.O.D. status until account is current. Any account with a balance due that exceeds ____ days will be closed.

PERSONAL GUARANTEE

For, and in consideration of, American Mulch Manufacturing and Logistics Corp., extending credit at my request to:

_____(Hereinafter referred to as the **"Company"**) I hereby personally guarantee American Mulch Manufacturing and Logistics Corp. in the City of Stuart, County of Martin, State of Florida, any obligation of the **Company** and I hereby agree to bind myself to pay on demand any sum, which may become due to American Mulch Manufacturing and Logistics Corp.. by the **Company** whenever the **Company** shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the **Company**. I do hereby waive notice of default, non-payment and notice thereof, and consent to any modification or renewal of the credit agreement hereby guaranteed.

_____

_____

Signature of Guarantor Signature of Witness

_____

_____

Printed Name of Guarantor Printed Name of Witness

_____

_____

Date: Date:

STATE OF FLORIDA

COUNTY OF _____

SWORN TO AND SUBSCRIBED before me on this the day of _____2026, by _____, an individual, who is personally known to me, or who did produce _____ as identification.

Notary Public _____

Printed Name: _____

My Commission Expires: _____