

BOTANICA WHOLESALE FLORIST, LLC

Individual Personal Guaranty

I, _____ (Guarantor)
(Individual's Name)

residing at: _____

(Individual's personal address, city, state, zip)

for and in consideration of **BOTANICA WHOLESALE FLORIST, LLC (Botanica)**

extending credit to _____
(Name of Credit Applicant Company)

(the "Company") and as an inducement to Botanica to extend credit to the Company, do hereby personally unconditionally guarantee to Botanica the payment of any obligation of the Company and I hereby agree to bind myself to pay Botanica on demand any and all sums which may become due to Botanica by the Company whenever the Company shall fail to pay the same. It is understood that this Guaranty shall be a continuing and irrevocable Guaranty, and indemnity for such indebtedness of the Company. Guarantor does hereby waive notice of default, nonpayment and demand, and consents to any modification or renewal of the credit agreement hereby guaranteed. Guarantor agrees that payments are due and payable at Botanica Wholesale Florist, LLC, 3208 International Place, Irving, TX 75062 and that the county and/or precinct of Botanica's principal place of business shall be the exclusive venue for any litigation that may occur between Company, Guarantor and Botanica. Botanica will not need to pursue the Company and/or exhaust remedies against the Company in order for Guarantor to be liable. In the event of default by Guarantor, all costs of collection and enforcement of this Guaranty, including attorneys' fees, shall be payable by Guarantor. A facsimile or electronic signature on this Guaranty will be binding as an original signature. Any delay or failure by Botanica to exercise rights, pursue remedies, give notices or make demands will not act as a waiver of Botanica's rights against Guarantor or effect Guarantor's liability. This Guaranty shall be binding on and accrue to the benefit of the parties, their successors and assigns.

Signatures only, no corporate titles.

Signature _____
Print Individual's Name _____
Dated _____

Individual's SSN _____
Individual's Driver's License # and
State _____

Witness signature _____
Print Witness Name _____
Dated _____

Witness Address: _____

