

Application for Credit

All American Foods , Inc.
P.O. Box 792
North Kingstown, RI 02852
Phone (401) 294-5455 / CREDIT Fax (401) 667-7714

Company name _____
d/b/a _____
Address _____ City _____ State _____ Zip _____
Telephone: _____ Fax: _____

Type of Entity (please check one): Corporation _____ Proprietorship _____ Partnership _____ LLC _____
If incorporated, year and state established _____ Federal ID # _____

List name(s) of owner (s), officers, partners:

Name & title _____ Name & title _____
Date of birth _____ Date of birth _____
Driver's license # _____ Driver's license# _____
Social Security # _____ Social Security # _____
Nature of the business _____ Years in business _____ Annual Sales \$ _____
Terms requested _____ Maximum credit required \$ _____
Individual responsible for payment of invoices: _____ phone: _____

CREDIT REFERENCE:

Bank Name _____ Account # _____
Telephone _____

TRADE REFERENCES:

Name	City, State	Telephone	Account #
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____

Credit Terms & Conditions:

Applicants's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:
1) All invoices will be paid according to our stated terms. 2) You will pay late payment finance charges which are computed by a "periodic" rate of 1 1/2 % per month which is an annual percentage rate of 18% applied to past due balances. 3) Returned checks will be charged a fee of \$25 per return.
4) You agree to notify All American immediately of any change in ownership. 5) If this account is placed for collection, you agree to pay all responsible charges including attorney's fees, filing and service costs and further agree that a charge of 33% of the amount of the claim shall be considered reasonable as a fee. All information on this credit application is furnished on a confidential basis. The undersigned certifies this information to be true. Completion of this credit application authorizes All American Foods to investigate the references and banks listed.

Signed _____ Title _____ Date _____

Personal Guaranty:

In consideration of the credit granted, the undersigned hereby unconditionally and personally guarantees full payment including finance charges, attorney's fees, filing and service costs. It is understood that this guaranty shall be continuing and irrevocable.

Signed _____ Date _____