

STORE # FOR STORE USE ONLY

Application for Credit

Terms and Conditions of Credit Agreement

PLEASE TYPE OR PRINT.

Incomplete or illegible forms will delay processing and may result in a decline of credit.

We require an original signature for our records; therefore, we will not establish an account from a faxed or photocopied document.

SMART FOODSERVICE

Phone (800) 269-7897	600 Citadel Dr. Commerce, CA 90040
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Legal Business Name	DBA		
Business Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Business Phone ()	Fax ()	Federal Taxpayer #	Resale #
Email to Request Payment:			
Ownership (please check one) Corporation <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> Non-Profit <input type="checkbox"/>			
Type of Business	SIC Code(s)	DUNS #	
Date Business Started: MM/DD/YYYY	How long at this address?		
Business Property (please check one)	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	
Name of Mortgagor or Lessor	Phone ()		
Mortgagor's/Lessor's Address	City	State	Zip Code

Who can we contact for payment? Name	Phone ()
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Shall we issue charge cards OR will you <u>only</u> be using Purchase Orders (PO)? (CHECK ONE) Issue Cards <input type="checkbox"/> PO only <input type="checkbox"/>
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Please indicate how much you estimate your monthly purchases with Smart Foodservice \$
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Please complete the following information for all corporate officers, partners or owners. If more than two, please list on a separate sheet and attach.

Name and Title	Name and Title
Home Address	Home Address
City State Zip Code	City State Zip Code
Home Phone ()	Home Phone ()
Driver License # State Issued	Driver License # State Issued
Social Security #	Social Security #

BANK INFORMATION

Bank Name	Account #
Address	City
Branch	Phone ()

MAJOR TRADE REFERENCES:

Name	Mailing Address, City, State, Zip Code	Phone #
1.		()
2.		()
3.		()

Do you or any affiliates have an existing account with Smart Foodservice? If YES, please provide the following information

Name account carried under:	Account #
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PLEASE BE SURE TO COMPLETE BOTH SIDES

Smart Foodservice

FINANCIAL INFORMATION

Financial Statement as of Fiscal Year-end, Dated MM/DD/YYYY	Attached [<input type="checkbox"/>]	Excerpted Below [<input type="checkbox"/>]
Current Assets \$		Current Liabilities \$
Total Assets \$		Net Worth \$
Annual Sales \$		After Tax Profit (Loss) \$

AUTHORIZATION TO OBTAIN CREDIT INFORMATION AND TERMS & CONDITIONS OF CREDIT AGREEMENT

We hereby request Smart Foodservice to extend a line of credit to us for purchases to be made under the credit sales terms as stated below. As such, we authorize Smart Foodservice to contact the references and banks listed on this application. If requested, we agree to provide Smart Foodservice with a current Financial Statement. We also understand that this information will be held in strict confidence and be used for the sole purpose of determining whether or not credit will be extended to us. *Please initial and date acknowledgment:*_____

If credit is granted, we understand that Smart Foodservice will establish an account for us consisting of an approved credit line and assigned payment terms. Additionally, we understand that in order to transact purchases, we must present either Smart Foodservice issued charge card OR a purchase order form bearing our Smart Foodservice account number. We clearly understand that without either of the aforementioned instruments, purchases will be declined at store level.

We agree to pay all invoices within the stipulated terms. In the event payment is not made and this account is referred for collection, we will pay all collection costs incurred by Smart Foodservice. We also understand that Smart Foodservice reserves the right to assess interest on any unpaid balance at the highest rate authorized by law. If any action or proceeding is instituted by or on behalf of Smart Foodservice, we promise to pay all reasonable attorney fees and costs incurred thereto. It is specifically understood that all billing, accounts receivable and credit functions are processed through headquarters in Los Angeles. Consequently, it is understood that in the event of any action or proceeding, it shall be instituted in the County of Los Angeles and governed by California law. We hereby agree to submit to the venue of Los Angeles County and will not object to Los Angeles County as the venue and forum for any such action or proceeding. We agree to abide by the aforementioned, and all other terms and conditions governing the account.

BY _____ Date _____

Owner / Corporate Officer / Co-Partner

PERSONAL GUARANTEE

(To be completed upon request only)

For valuable consideration given or to be given, the I/We hereby personally guarantee to pay all indebtedness or liability incurred in the name of the Applicant Firm without qualification or limitation. This is a continuing guarantee and shall continue so long as credit is extended. This guarantee may only be terminated by written notice to Smart Foodservice's Credit Department sent by certified mail with signed acknowledgement of receipt. I/We waive notice of default, diligence, resort to security, joinder of debtor or obligation to proceed first against debtor.

SIGNATURE OF INDIVIDUAL GUARANTOR DATE

SIGNATURE OF INDIVIDUAL GUARANTOR DATE

SIGNATURE OF WITNESS DATE