

West Side Foods, Inc.
 Phone #: (718) 842-8500 Fax #: (718) 991-1200

Interstate Foods, Inc.
 Phone #: (212) 929-3550 Fax #: (212) 255-3811

Credit Application

PLEASE FILL OUT COMPLETELY

Firm Name _____
 Tax Corp. ID _____
 Phone # _____
 Address _____
 City, State, Zip _____

D/B/A _____
 E-Mail _____
 Fax # _____

Please Check One

Corporation Partnership Sole Proprietorship

NAMES OF OWNER(S), PARTNER(S), OR OFFICER(S):

Name _____
 Address _____
 City, State, Zip _____
 Phone # _____

Title _____
 Driver Lic # _____
 D/O/B _____
 Soc. Sec _____

Name _____
 Address _____
 City, State, Zip _____
 Phone # _____

Title _____
 Driver Lic # _____
 D/O/B _____
 Soc. Sec _____

TRADE REFERENCE

Name _____
 Address _____
 City, State, Zip _____

Phone # _____
 E-Mail _____
 How Long Doing Business? _____ Years

Name _____
 Address _____
 City, State, Zip _____

Phone # _____
 E-Mail _____
 How Long Doing Business? _____ Years

Name _____
 Address _____
 City, State, Zip _____

Phone # _____
 E-Mail _____
 How Long Doing Business? _____ Years

BANK REFERENCE

Bank Name _____
 Address _____
 City, State, Zip _____
 Phone # _____

Acct. Opening Date _____
 Account Number _____
 Bank Officer _____
 Fax # _____

Bank Name _____
 Address _____
 City, State, Zip _____
 Phone # _____

Acct. Opening Date _____
 Account Number _____
 Bank Officer _____
 Fax # _____

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize West Side Foods, Inc. / Interstate Foods, Inc. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references, and business references.

In consideration for the extension of credit West Side Foods, Inc. / Interstate Foods, Inc. to the applicant at any time and from time hereafter, applicant agrees to pay for each purchase according to the terms in effect at the time of such purchase as shown in its invoices, statements or quotations. Should it become necessary to place the account for collection, applicant further agrees to pay all actual cost of collection, including actual attorney's fees whether or no litigation is commenced to final judgment, of any obligation of applicant arising hereafter to West Side Food, Inc. / Interstate Foods, Inc. in addition to the amount of the obligation. The applicant agrees to submit to the jurisdiction of the courts of the state and city of New York. If the applicant is a corporation, the undersigned personally guarantees payment of all applicant's obligations incurred hereunder. This guaranty shall continue in full force and effect without limitation, and shall extend to all purchases, until such time as the undersigned shall give written notice of revocation by registered mail. Such revocation shall be ineffective as to any existing indebtedness.

If the undersigned resides in a state where community property laws exist, both spouses are to sign below.

Signature _____ Name (print) _____
 Title _____ Date _____
 Signature _____ Name (print) _____
 Title _____ Date _____

CREDIT TERMS _____ TO BE DETERMINED AFTER CREDIT REVIEW
 INFORMATION OBTAINED THROUGH THIS CREDIT REVIEW WILL BE HELD IN CONFIDENCE



Bank Authorization Form

To (bank name): _____

Date: _____

To whom it may concern:

Please provide _____ of Market Service Inc d/b/a

ARMS on behalf of _____ with information regarding the credit and loan history with your bank for the undersigned individual or company. Please return all information promptly to fax number 516-466-8934.

I hereby authorize the release of this information for credit purposes.

*Corporate Name

*Trade Name

*Account Number

*Authorized Signature & Title

*Print name of authorized person signing

*Date

* Required Information

Customer Contact Update Sheet

Account # _____

Owner

First Name _____ Last Name _____

Email: _____

Office Ph# _____ Cell# _____

Buyer

First Name _____ Last Name _____

Email: _____

Office Ph# _____ Cell# _____

Meat Manager

First Name _____ Last Name _____

Email: _____

Office Ph# _____ Cell# _____