INCOLLINGO
FOOD SERVICE

APPLICATION & AGREEMENT FOR OPEN ACCOUNT

Name _____ Address _____

City _____ State _____ Zip Code _____

Phone: _____ Fax# _____ Resale# _____

Please check one: __ Corporation ___ Partnership ___ Sole Proprietor ___ LLC

Date Business Started_____ President/Owner(s) Name_____

Soc.Sec# _____ Fed.ID# _____

Name of Bank _____ Branch _____

Address _____ Phone _____ Account# _____

Trade References:

1. _____ Phone _____ Fax _____
2. _____ Phone _____ Fax _____
3. _____ Phone _____ Fax _____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, Incollingo Foods is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with whom I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only in consideration of this application.

Upon approval of this application, it is agreed that each invoice will be paid in full upon receipt or in accordance with the terms of sale as stated on the invoice(s). Should I/we not pay Incollingo Foods according to the terms, it is understood that credit privileges may be withdrawn. Should Incollingo Foods find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay interest at the rate of ½ % per month (or such other rate allowable by State law), reasonable attorney fees, collection fees and/or court costs allowable by law. At Incollingo Foods option, jurisdiction and venue of any suit brought to collect this account shall be had in Camden County, NJ. A copy of this statement and application has been received.

SIGNATURE _____

PERSONAL GUARANTEE The undersigned, _____ of the applicant corporation/company hereby agrees to the above terms and conditions and assumes personal responsibility for payment of said corporation's/company's account. It is understood that credit would not be extended to said corporation/company without this assumption of liability.