

Credit Application

DATE _____

PLEASE FILL OUT COMPLETELY

FIRM NAME _____ A/K/A _____
 TAX CORP. ID _____ E-MAIL _____
 PHONE# () _____ FAX#: () _____
 ADDRESS _____ CITY, STATE _____ ZIP _____
 CHECK ONE: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

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

1) NAME: _____ TITLE: _____ DRIVER'S LIC# _____
 ADDRESS _____ CITY, STATE _____ ZIP _____
 PHONE: () _____ D/O/B _____ SOC. SEC.# _____
 2) NAME: _____ TITLE: _____ DRIVER'S LIC# _____
 ADDRESS _____ CITY, STATE _____ ZIP _____
 PHONE: () _____ D/O/B _____ SOC. SEC.# _____

TRADE REFERENCE

1) NAME: _____ PHONE: () _____
 ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.
 2) NAME: _____ PHONE: () _____
 ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.
 3) NAME: _____ PHONE: () _____
 ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.

BANK REFERENCE

1) _____
 Bank Name _____ Address, City, State, Zip _____
 Acct. Opening Date _____ Bank Officer _____ Telephone _____ Fax _____ Account Number _____
 2) _____
 Bank Name _____ Address, City, State, Zip _____
 Acct. Opening Date _____ Bank Officer _____ Telephone _____ Fax _____ Account Number _____

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 costs of collection, including actual attorney's fees whether or not litigation is commenced to final judgment, of any obligation of applicant arising hereafter to West Side Foods, Inc. / Interstate Foods, Inc. in addition to the amount of the obligation. The applicant agrees to submit to the jurisdictions 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: _____

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