

West Side Foods, Inc.

Phone #: (718) 842-8500 Fax #: (718) 842-7251

Interstate Foods, Inc.

Phone #: (212) 929-3550 Fax #: (212) 255-3811

Credit Application

PLEASE FILL OUT COMPLETELY

Firm Name _____	D/B/A _____
Tax Corp. ID _____	E-Mail _____
Phone # _____	Fax # _____
Address _____	
City, State, Zip _____	

Please Check One

Corporation Partnership Sole Proprietorship

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

Name _____	Title _____
Address _____	Driver Lic # _____
City, State, Zip _____	D/O/B _____
Phone # _____	Soc. Sec _____
Name _____	Title _____
Address _____	Driver Lic # _____
City, State, Zip _____	D/O/B _____
Phone # _____	Soc. Sec _____

TRADE REFERENCE

Name _____	Phone # _____
Address _____	E-Mail _____
City, State, Zip _____	How Long Doing Business? _____ Years
Name _____	Phone # _____
Address _____	E-Mail _____
City, State, Zip _____	How Long Doing Business? _____ Years
Name _____	Phone # _____
Address _____	E-Mail _____
City, State, Zip _____	How Long Doing Business? _____ Years

BANK REFERENCE

Bank Name _____	Acct. Opening Date _____
Address _____	Account Number _____
City, State, Zip _____	Bank Officer _____
Phone # _____	Fax # _____
Bank Name _____	Acct. Opening Date _____
Address _____	Account Number _____
City, State, Zip _____	Bank Officer _____
Phone # _____	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 judgement, 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 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 _____

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