CERENZIA FOODS, INC. 8585 WHITE OAK AVENUE RANCHO CUCAMONGA, CA 91730

PHONE: (909) 989-4000 FAX: (909) 989-4591

DATE:	
CUSTOMER #:	

## NEW ACCOUNT INFORMATION AND CREDIT APPLICATION (APPLICATION WILL NOT BE PROCESSED UNLESS BOTH PAGES ARE COMPLETED)

Restaurant Name:				
Address:				
City:	Stat	e:	Zip Code:	
Phone:				
Corporation Name:			State of Inc.:	
Address:				
City:	State	e:	Zip Code:	
Phone :				
Resale #:		Federal I	I. D. #:	
PARTNERSHIP:				
Name:	S. S.	#:	D. L. #:	
Home Address:				
City:	State	e: Zip C	ode:	
Home Phone:				
Name:	S. S.	#:	D. L. #:	
Home Address:				
City:	State	e: Zip (	Code:	<u>-</u>
Home Phone:				
Date Business Started:				
Has Corporation, Partners, Own			If Yes, When?	·
Is Building Owned?	_	Leased?		
Landlord:	Address:		Phone:	
Is Equipment Owned?		Leased?		
Is Equipment Owned? Leasing Company?	Address:		Phone:	
BUSINESS REFERENCES: (				
Name:	Phone:		Acct. #	
Address:	City:		State:	_Zip Code:
Name:	Phone:		Acct. #	
Address:	City:		State:	_Zip Code:
Name:	Phone:		Acct. #	
Address:	City:		State:	_Zip Code:
BANK INFORMATION:				
Bank Name:	Acct. #		Branch	:
Address:				
Bank Name:	Acct #		Branch	•
Address:				•

Cerenzia Foods is authorized to obtain any confirming information, deemed necessary, from any source, concerning statements on this application.

We or I warrant the information and statements on this credit application are true, complete and furnished for the purpose of establishing a credit account. We or I warrant financial solvency to pay all invoices when due. In consideration of and in order to enable Cerenzia to establish a credit account, the undersigned promises to pay for all purchases in accordance with the terms of sale specified on Cerenzia Foods invoices. We or I agree to pay eighteen dollars (\$18.00) returned check fee for each time a check is dishonored by my or our bank.

We or I agree to notify Cerenzia Foods, in writing, to the Credit Department by certified mail, returned receipt requested, of any changes in ownership, corporate, partnership or limited liability company structure of this firm within 60 days prior thereto.

In the event Cerenzia foods deems it necessary to litigate to collect this account, We or I agree to the jurisdiction of the Municipal Court of Rancho Cucamonga Judicial District, County of San Bernardino or the Superior Court of the County of San Bernardino, California. We or I agree to pay actual attorney fees and court costs incurred by Cerenzia Foods if judgment is made against us or me.

The terms of this credit application, including your obligation to pay us for products and services and all personal guaranties herein, extend to any location, now owned and hereinafter acquired by you or by any person under your trade style, including any franchisee, unless you notify us to the contrary in writing, by certified mail return receipt requested, that another person or firm be liable for the purchases herein. The names and addresses of other locations are attached.

Customer Signature	
Customer Signature_ To be signed by owner, partner or authorized off	icer only Print full name
Please indicate which	Social Security No
Residence	
Address	Home Telephone
	Date of Birth
	AL GUARANTEE I invoices rendered to this corporation and I terms and conditions of this agreement.
Signature	(Do not indicate your company title)
Residence	Social
Address	Security No
Residence Telephone No	Print Full Name
Date Sal	es Rep
Initial Terms granted	by
-	Cerenzia Food Service Credit Manager