



RESTAURANT SUPPLY, INC.



CREDIT APPLICATION

Please complete and fax to 510-465-1987

PART I: CUSTOMER INFORMATION

BUSINESS NAME: PHONE:

BILLING ADDRESS: CITY: STATE: ZIP:

SHIPPING ADDRESS: CITY: STATE: ZIP:

(If different from above)

NUMBER OF YEARS IN BUSINESS: NUMBER OF COPIES OF INVOICES REQUIRED?

ARE YOU TAX EXEMPT? IF SO, RESALE NUMBER: STATE:

DO YOU REQUIRE PURCHASE ORDERS? APPROXIMATE MONTHLY VOLUME OF PURCHASES WITH OUR COMPANY

ORGANIZATION NAMES OF PRINCIPALS TITLE

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

CORPORATION NAME (IF A CORPORATION)

PART II: REFERENCES

BANK NAME: PHONE NUMBER:

ADDRESS: CITY STATE ZIP

ACCOUNT NO. ACCOUNT NO.

PLEASE LIST FOUR TRADE REFERENCES (NO RETAIL):

1. NAME: PHONE NUMBER:

ADDRESS: CITY STATE ZIP

2. NAME: PHONE NUMBER:

ADDRESS: CITY STATE ZIP

3. NAME: PHONE NUMBER:

ADDRESS: CITY STATE ZIP

4. NAME: PHONE NUMBER:

ADDRESS: CITY STATE ZIP

TERMS: All invoices are due and payable net 30 days. A finance charge of 1½% per month, at an annual rate of 18% will be charged on all delinquent accounts. We certify that the information on this application is correct; that the terms set forth are understood and that we agree to the terms of payment if credit is approved. We authorize the release of information by the above named references need to complete this application for credit

SIGNATURE TITLE DATE

PART III: PLEASE DO NOT WRITE IN SPACE BELOW. FOR OFFICE USE ONLY

BANK

REFERENCE 1

REFERENCE 2

REFERENCE 3

SALES PERSON S.C. APPROVED BY DATE