

Cora Italian Specialties, Inc. Credit Agreement

Name of Business _____

Mailing Address _____

Street Address (if different) _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ e.mail _____

Business Type _____ Date Started _____

Corporation _____ Partnership _____ Sole Proprietorship _____

Corporate Name _____ Date Incorporated _____

State of Incorporation _____ State Tax ID _____ FEIN or SS Number _____

Has applicant or any other affiliated person or entity ever sought protection under any bankruptcy or insolvency laws?
No _____ Yes _____ If "yes" please explain _____

OFFICERS OR PARTNERS

Full Name _____ Title _____

Residence Street Address _____

City _____ State _____ Zip Code _____ Tel No. _____

Full Name _____ Title _____

Residence Street Address _____

City _____ State _____ Zip Code _____ Tel No. _____

BANK REFERENCE & INFORMATION RELEASE AUTHORIZATION

Bank Name _____ Account No. _____

Street Address _____ Contact: _____

City _____ State _____ Zip Code _____

Telephone No. _____ Fax No. _____

The undersigned represents and warrants that all of the information provided above is true and correct.

The undersigned accepts liability for any costs incurred in the collection of past due accounts, including attorney's fees, whether or not a suit is filed. Charging purchases to an open account constitutes acceptance of our terms.

All goods remain sole property of Cora Italian Specialties, Inc. until all payments are made in full, and any checks given in payment clear the bank upon which they are drawn.

The undersigned authorizes the release of credit information to Cora Italian Specialties, Inc., with whom they are applying for credit as a new account or to increase our line of credit.

Signature _____ Date _____

Name - please print _____ Title _____

Cora Italian Specialties, Inc. Credit Agreement

TRADE REFERENCES

Name of Business _____
Mailing Address _____
Street Address (if different) _____
City _____ State _____ Zip Code _____
Telephone Number _____ **Fax Number** _____
Account Number _____

Name of Business _____
Mailing Address _____
Street Address (if different) _____
City _____ State _____ Zip Code _____
Telephone Number _____ **Fax Number** _____
Account Number _____

Name of Business _____
Mailing Address _____
Street Address (if different) _____
City _____ State _____ Zip Code _____
Telephone Number _____ **Fax Number** _____
Account Number _____

Name of Business _____
Mailing Address _____
Street Address (if different) _____
City _____ State _____ Zip Code _____
Telephone Number _____ **Fax Number** _____
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