



Credit Application

| | | |
|--------------------|-----------|---------|
| Full Business Name | Phone No. | Fax No. |
|--------------------|-----------|---------|

| | | |
|-----------------|-------------|----------|
| Billing Address | City/ State | Zip Code |
|-----------------|-------------|----------|

Physical Address (if different from bill to) _____

Please Check One: individual partnership Corporation

Taxpayer Identification Number _____

| | | |
|-------------------------|------------------|-------------------|
| Description of business | No. of Employees | Years in Business |
|-------------------------|------------------|-------------------|

If subsidiary/Branch, state name of ultimate parent company _____

| | | | |
|-----------------|-------|---------|-------------------|
| Principal/Owner | Title | Address | Social Security # |
|-----------------|-------|---------|-------------------|

| | | | |
|-----------------|-------|----------|-------------------|
| Principal/Owner | Title | Address` | Social Security # |
|-----------------|-------|----------|-------------------|

Bank Reference:

| | | | |
|--------------|-----------|---------|-------------|
| Bank Contact | Phone No. | Fax No. | Account No. |
|--------------|-----------|---------|-------------|

Trade References:

Please list at least three (3) trade references where credit is now extended

| | | | |
|-------------------|---------|-----------|---------|
| Name of Reference | Contact | Phone No. | Fax No. |
|-------------------|---------|-----------|---------|

| | | | |
|-------------------|---------|-----------|---------|
| Name of Reference | Contact | Phone No. | Fax No. |
|-------------------|---------|-----------|---------|

| | | | |
|-------------------|---------|-----------|---------|
| Name of Reference | Contact | Phone No. | Fax No. |
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|-------------------|---------|-----------|---------|
| Name of Reference | Contact | Phone No. | Fax No. |
|-------------------|---------|-----------|---------|

Estimated weekly purchases from Direct Fresh Marketing, Inc. \$ _____
(This information is needed to determine credit limit requirements)

Application agrees that extension of credit by Direct Fresh Marketing, Inc. shall be subject to and in consideration of the following terms and conditions:

The applicant understands that the information furnished in this application will for the basis for credit extension and, accordingly, warrants that the information is true and correct. I/We authorize Direct Fresh Marketing, Inc. to investigate the trade and banking references listed above and understand that Direct Fresh Marketing, Inc. will hold this information in strictest confidence. You hereby authorize release of said information to Direct Fresh Marketing, Inc. If credit is extended, the applicant agrees to pay all amounts due not later than the due date indicated on each invoice under the heading "terms". A finance charge of 1 ½% per month (18% annual percentage rate), subject to applicable state laws, will be applied to past due accounts. Applicant agrees to reimburse Direct Fresh Marketing, Inc. to reasonable attorney's fees, court cost and collection cost incurred by Direct Fresh Marketing, Inc. resulting from breach of terms and conditions of sale and credit extended in connection with product sold to the applicant.

| | | |
|--------|-------|------|
| Signed | Title | Date |
|--------|-------|------|

| | | |
|--------|-------|------|
| Signed | Title | Date |
|--------|-------|------|