CUSTOMER CREDIT APPLICATION



1068 Thorndale Avenue

Bensenville, Illinois 60106 Phone: (630) 860-7100 Fax: (630) 860-7400

SHIP TO		BILL TO		
Business Name:		Business Name:		
(dba) Trade Name:		Address		
Address		City, State, Zip		
City, State, Zip		Phone No. (Area Code) Attention:		
Type of Business: Proprietorship		Partnership Corporation		
New Owner? Yes Purchas	se Date	No Length of Time in Business		
Federal Tax ID#	Sta	ate Resale #		
PARTNERSHIP OR PROPRIETO	RSHIP:			
Name	Social Security #	Full Home Address	Home Phone #	
CORPORATION:				
Name	Social Security #	Full Home Address	Home Phone #	
 (the "Purchaser") personally guarantee and each of its subsidiaries and affiliate bind myself to pay on demand any sur is understood that this guaranty shall be Purchaser. 2. I expressly waive presentment, demotice of acceptance of this guaranty, for by the Purchaser, notice of any reguaranteed, notice of any renewal or of any credit agreement evidencing indebtedness. I further waive any right indebtedness from, the Purchaser or a stronger or suit is brought hereon, or suit is brought hereon, or attorneys' fees and court costs incurred. 4. In the event more than one party 	es prompt payment of are de entities ("Seller"), when which is due by the Pure an absolute, continuing mand, protest, notice of notice of the extending condification or renewal extension of such indebte the indebtedness here to require Seller to producy other party liable for any other party liable for not paid by me when don it is enforced through d by Seller.	of your extending credit at my request to	e Fish Company and I further agree to fails to pay same. It edness of the eault or nonpayment, hereafter contracted adebtedness hereby diffication or renewal extensions of such an of the guaranteed eds of an attorney for I pay all reasonable ees to be jointly and	
Guarantor		Guarantor		
(Type or Print Guarantor Name and Address)		(Type or Print Guarantor Name and A	 ddress)	

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Name	Address	Phone #	Fax #	Account #
BANKING				

Bank Name	Address	City/State/Zip	Phone #
Officer	Checking Acct #	Loan Acct#	Loan Balance

PRO	PERT	Y INFO	ORMA	ATION:

Mortgage Holder/Telephone # (if property is owner):
Lessor/Telephone # (if this property is leased):
Equipment Lessor/Telephone # (for leased equipment):

AUTHORIZATION & TERMS AGREEMENT

The undersigning and ("Purchaser") agrees that all purchases made by Purchaser from the Fortune Fish Company or any of its subsidiaries and affiliated entities ("Seller") are subject to the following terms and conditions:

- 1. All amounts due Seller are payable in accordance with the payment terms granted by Seller's credit department from which the goods and services are delivered. If any amounts due Seller is not paid in accordance with such payment terms, a delinquency charge shall be added to the sum due, which charge shall equal the amount obtained by multiplying the delinquent balance by the lesser of (a) one and one-half percent (1 ½ %) per month or (b) the maximum lawful rate permitted to be charged under the applicable state's law.
- 2. Purchaser shall pay Seller a service charge in an amount equal to the greater of \$25.00 or 5% of the check balance for all checks returned by Purchaser's bank.
- 3. In the event the account is turned over to an attorney or other agency for collection or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all reasonable attorney's fees and court costs incurred by Seller.
- 4. Purchaser shall notify Seller by certified mail of any change of ownership of Purchaser.

(Type or Print Legal Business Name and Owner or Officer Name)	Owner or Corp. Officer Signature	Date

I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigative agency employed by such person, to investigate the references herein listed or statements of other data obtained from me or from any other person pertaining to my credit and financial responsibility.

Accounts Payable Contact:	Phone #:
Accounts rayable Contact.	FIIOHE #

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BLANKET AUTHORIZATION TO RELEASE CUSTOMER INFORMATION

Date:
To:
Please accept this as our written authorization to release credit information requested by Fortune Fish Company for the purpose of obtaining a credit rating for our company account.
Restaurant Name or Corporate Name:
Restaurant Owner or Company Officer Signature (Must be a signer on file with your bank)
Name Printed:
Signature: