For Office Use Only

Customer #_____

Salesman: _____

D.W. RICHARDS SONS INC

701 Rocky Glen Road – Moosic Boro
Avoca PA 18641
Ph: (570) 457-5424 / Fax: (570) 457-9408

CREDIT AGREEMENT CONTRACT

Bill to Name/Address:

_____
_____
_____

Phone: _____
Fax No: _____
Trade Name: _____

Ship to Name/Address:

_____
_____
_____

Date Business Acquired/Established: _____
Special Delivery Instructions: _____
_____

PLEASE NOTE THAT YOU ARE ONLY 1 OF THE FOLLOWING:

1. Sole-Owner: _____ Social Security Number: _____
Home Address: _____
Home Phone Number: _____

OR

2. Partnership - Names & Addresses of Partners: Soc. Sec No:
   1. _____ _____
   2. _____ _____
   3. _____ _____

OR

3. Corporation:* Pres.: _____ Address_____

   Treasurer: _____Address_____

* If LLC please provide names of all members

Bank Reference:

Name: _____ Address: _____

Account Number: _____ Phone: _____Fax:_____

Customer agrees to pay for all purchases, fees and other charges incurred by Customer or an authorized user on any account of Customer, including late charges, collection fees, reasonable attorney fees, and finance charges assessed on past due balances at 1.5% per month, or the highest rate permitted by law. Return check fee is $50.

I authorize D.W. Richards Sons to contact the above bank reference to obtain any information needed.

_____ _____ _____
Authorized Signature Print Name & Title Date

Personal Guarantee:

In consideration for credit terms, the undersigned contracts and guarantees faithful payments, when due, of all accounts of the company seeking credit. The undersigned waives all notice of acceptance of this guarantee, notice of extension of credit, presentment of demand for payment and any notice of default by D.W. Richards Sons, Inc. and all other notices the guarantor might be entitled to. Revocation of this guarantee shall be in writing and delivered by certified mail.

Authorized Signature_____ Print Name_____DATE _____

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Salesman: _____

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CREDIT APPLICATION/SUPPLIER REFERENCES – PAGE 2

Bill to Name/Address:

_____
_____
_____

Phone: _____
Fax No: _____
Trade Name: _____

Commercial References (***Other Food Suppliers – Give exact name & address***):

1. Name: _____ Phone _____Fax_____
   Address: _____
   _____
2. Name: _____ Phone _____Fax_____
   Address: _____
   _____
3. Name: _____ Phone _____Fax_____
   Address: _____
   _____

I authorize D.W. Richards Sons to contact the above references to obtain any information needed to establish credit:

_____ _____ _____

Authorized Signature | Print Name & Title | Date