

Mealtime Partners, Inc.

1137 S. E. Parkway, Azle, TX 76020 – Phone (817) 237-9991 Fax (817) 237-0102

APPLICATION & AGREEMENT FOR OPEN ACCOUNT

Acct. # _____

BILL TO

Name of Account _____

Legal Name if Different _____

Attn: _____

Title: _____

Street Address _____

City _____

State _____ Zip _____

Phone _____

Accounts Payable Phone _____

Fax _____

Accounts Payable Fax _____

E-mail _____

Accounts Payable e-mail _____

SHIP TO (Fill in if different from billing address)

Name of Account _____

Legal Name if Different _____

Attn: _____

Title: _____

Street Address _____

City _____

State _____ Zip _____

Phone _____

Accounts Payable Phone _____

Fax _____

Accounts Payable Fax _____

E-mail _____

Accounts Payable e-mail _____

CREDIT REFERENCES

Reference 1:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Contact/account # _____

Reference 2:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Contact/account # _____

Reference 3:

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

Fax _____

Contact/account # _____

CORPORATE INFORMATION PROPRIETORS/PARTNERSHIPS

President _____
Vice President _____
Controller _____
Accts. Payable Manager _____
State in which incorporated _____
of Employees _____
Year Established _____
Credit Line Requested _____
Federal EIN # _____
Sole Proprietorship _____ Private Corporation _____
Public Corporation _____ Partnership _____
S.S. # for Sole Proprietorship _____

P.O. Required? _____
Purchase subject to sales tax? _____
If no, enclose copy of resale card/certificate
Are you a government agency? _____
City _____
County _____
State _____
Federal _____

BANK REFERENCE

We authorize you, our bank reference, to release credit information regarding the following accounts to Mealttime Partners, Inc.

Bank Name _____
Banking Officer _____
Address _____
City _____ State _____ Zip _____
Phone _____
Checking Acct. # _____
Loan Acct. # _____

AUTHORIZATION & AGREEMENT TO RELEASE CREDIT INFORMATION

Information will be confidential.

In support of this application, Mealttime Partners, Inc. is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application.

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of the sale net 30 days from the date of invoice. Should I/we not pay Mealttime Partners, Inc. according to terms, it is understood that credit privileges may be withdrawn. Should Mealttime Partners, Inc. find it necessary to obtain assistance in collecting any past due balance, I/we agree to pay all reasonable attorney fees, collection agency fees and/or court costs necessary to collect past due amounts. This offer is limited only to these terms. Agreement to be accepted/performed at Azle, Texas. Unless otherwise specified, payment is due at Azle, Texas.

Signature of Authorized Officer _____

Name (Please Print) _____

Title _____ Date _____