

West Side Foods, Inc.

Phone #: (718) 842-8500 Fax #: (718) 842-7251

Credit Application

DATE

PLEASE FILL OUT COMPLETELY

FIRM NAME _____ A/K/A _____
TAX CORP. ID _____ E-MAIL _____
PHONE# () _____ FAX#: () _____
ADDRESS _____ CITY, STATE _____ ZIP _____
CHECK ONE: CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

NAMES OF OWNER(S), PARTNER(S), OR OFFICER(S):

1) NAME: _____ TITLE: _____ DRIVER'S LIC# _____
ADDRESS _____ CITY, STATE _____ ZIP _____
PHONE: () _____ D/O/B _____ SOC. SEC.# _____
2) NAME: _____ TITLE: _____ DRIVER'S LIC# _____
ADDRESS _____ CITY, STATE _____ ZIP _____
PHONE: () _____ D/O/B _____ SOC. SEC.# _____

TRADE REFERENCE

1) NAME: _____ PHONE: () _____
ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.
2) NAME: _____ PHONE: () _____
ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.
3) NAME: _____ PHONE: () _____
ADDRESS _____ HOW LONG DOING BUSINESS? _____ YRS.

BANK REFERENCE

1) _____
Bank Name _____ Address, City, State, Zip _____
Acct. Opening Date _____ Bank Officer _____ Telephone _____ Fax _____ Account Number _____
2) _____
Bank Name _____ Address, City, State, Zip _____
Acct. Opening Date _____ Bank Officer _____ Telephone _____ Fax _____ Account Number _____

I, the undersigned, do hereby certify that the information provided on this credit application is true and accurate. I further authorize West Side Foods, Inc. to conduct any investigation it may deem necessary to verify the accuracy of such information. I also authorize the release of information regarding the bank references, and business references.

In consideration for the extension of credit West Side Foods, Inc., to the applicant at any time and from time hereafter, applicant agrees to pay for each purchase according to the terms in effect at the time of such purchase as shown in its invoices, statements or quotations. Should it become necessary to place the account for collection, applicant further agrees to pay all actual costs of collection, including actual attorney's fees whether or not litigation is commenced to final judgment, of any obligation of applicant arising hereafter to West Side Foods, Inc. In addition to the amount of the obligation. The applicant agrees to submit to the jurisdictions of the courts of the state and city of New York. If the applicant is a corporation, the undersigned personally guarantees payment of all applicant's obligations incurred hereunder. This guaranty shall continue in full force and effect without limitation, and shall extend to all purchases, until such time as the undersigned shall give written notice of revocation by registered mail. Such revocation shall be ineffective as to any existing indebtedness.

If the undersigned resides in a state where community property laws exist, both spouses are to sign below,

Signature: _____ Name (print): _____ Title: _____ Date: _____
Signature: _____ Name (print): _____ Title: _____ Date: _____

CREDIT TERMS: _____ TO BE DETERMINED AFTER CREDIT REVIEW

INFORMATION OBTAINED THROUGH THIS CREDIT REVIEW WILL BE HELD IN CONFIDENCE



RHK RECOVERY GROUP
RECEIVABLE SOLUTIONS

Bank Authorization Form

To (bank name): _____

Date: _____

To whom it may concern:

Please provide **RHK Recovery Group** on behalf of **Westside Foods, Inc.** with information regarding the credit and loan history with your bank for the undersigned individual or company. Please return all information promptly to lisa@rhkrecoverygroup.com or fax number 631-773-4453.

I hereby authorize the release of this information for credit purposes.

*Corporate Name

*Trade Name

*Account Number(s)

*Authorized Signature & Title

*Print name of authorized person signing

*Date

*Required Information

1670 Old Country Road • Plainview, New York 11803

Phone 631.773.4450

www.rhkrecoverygroup.com

Fax 631.773.4453