



WHOLESALE ACCOUNT APPLICATION

This application and the information contained herein is for the purpose of establishing a wholesale account with our company. It will also be used to approve check acceptance and/or the extension of credit terms.

Please complete form in its entirety.

Once complete, please submit the original to your sales representative or mail to:

Master Purveyors
Attn: Credit Department
6003 N 54th Street
Tampa, FL 33610

You may also fax to 813-253-0996 or 1-888-361-4575.

If you have any questions please contact our Credit Department at: (813)253-0865 or (800)565-6328

Thank you for your interest in our quality products.

Sales representative : _____ Today's Date: _____ First Order Date: _____

Name of Business: _____ Type of Business: _____

Street Address: _____ City, St, Zip _____

Purchasing Agent: _____ Accounts Payable Contact: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email : _____ Email: _____

Time of day deliveries can be received: _____ am/pm to _____ am/pm (please circle am or pm)

Years at this location: _____ Years at previous location: _____ Previous address: _____

Property is Owned (___) Leased (___) Landlord's Name & Phone Number: _____

Type of organization: Corporation (___) Partnership (___) Limited Partnership (___) Sole Proprietor (___)

If incorporated: State of incorporation: _____ Date: _____ Name of Registered Agent: _____

Corporate information if different than provided above: Name: _____

Mailing Address: _____ City, St, Zip _____

Principal owners, partners, or stockholders:

Name & Title: _____ Name & Title: _____

Home address: _____ Home Address: _____

City, St, Zip: _____ City, St, Zip: _____

Phone: _____ Soc Sec #: _____ Phone: _____ Soc Sec # _____

Bank information: Account number: _____ Bank name: _____

Contact Name: _____ Phone: _____ Fax: _____ email: _____

Persons authorized to sign checks: Name: 1) _____ 2) _____

Credit information: Terms requested: COD(___) 7 days(___) 14 days(___) 30 days(___) Net 10 EOM(___)

Method of payment: (___) mail (___) driver pick up (___) salesman pickup

Trade references: (Please provide other suppliers of perishable goods if available)

Company: _____ Acct #: _____ Phone # _____

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Note: In seeking open credit, it is necessary to allow sufficient time to check the references furnished. To do so this application must be signed as requested. The signature provided confirms the following statements:

The signor is authorizing any firms listed to release any and all credit and financial information to Master Purveyors for the purpose of completing the application process. The information is being provided for the purpose of obtaining credit and is warranted to be true. We believe that our firm is financially able to meet any commitments we have made, we expect to pay our invoices according to your terms, and we agree payment is to be made to your office in Tampa, Hillsborough County, Florida. We understand that in the event that we have invoices outstanding 7 or more days beyond the extended credit terms, our account may be placed on credit hold. In the

event that any payments are returned to your firm marked "non-sufficient funds", you or your collection agent, at your sole discretion and option, may elect to require all future payments to be made in the form of cash, cashier's check or certified funds. In addition, we will be obligated to pay a return check fee of \$30.00 (thirty dollars) per returned item.

We further agree a) to pay a service charge of 1½% per month on all past due account (both pre-judgment and post-judgment), b) that, in the event it is necessary to turn this account over to an attorney for collection, that we agree to pay all costs incurred by you in collecting any indebtedness, including reasonable attorney fees, and c) that any action to collect this account may be brought in Hillsborough County, Florida. We agree to notify you of any changes in ownership or form of said business immediately, and we will be responsible for all orders placed under this account prior to notification being received by Master Purveyors. All credit applications submitted to you shall become your sole property. It is agreed that acceptance by the individual present at the time of delivery of goods and supplies to the designated premises of the applicant shall bind the applicant to payment for the goods and/or supplies.

We understand that our payment terms are stated on the invoices. Master Purveyors does not send statements and payments should be made from invoices. (Statements are available upon request from the accounting department). Credit memos for returned items will be generated per Master Purveyors return policy (see below). We are responsible for contacting our sales representative or the accounting department about pricing or other discrepancies as soon as they are realized. Unauthorized deductions will be treated like any other outstanding balance, and may effect the credit status of our account. We will provide documentation with each payment to ensure proper application of all payments to our account.

You have the right to withdraw any credit extended to our company without advanced notice.

Signed and Delivered this _____ day of _____, 2_____.

Title: _____ Name: _____ Signature: _____

Title: _____ Name: _____ Signature: _____

***Signature of authorized company representative, officer or owner required to process application.**

A pickup/return request must be made by contacting your salesperson or the Operations Manager (ext107) by 3:00pm, for pickup on the following business day. A pickup slip will be generated for a driver to pick up the product. The customer will be given a copy of this slip as a receipt for the return. Drivers will not be able to take back product without prior authorization.

All products must be maintained in the state it was received (frozen, refrigerated, etc) and must be in the original case with all labels in tact.

All fresh poultry must have pickup request issued within 24 hours of being delivered.

All fresh meat must have pickup request issued within 48 hours of being delivered. Custom cut products will be not be accepted after 48hours. Receiving personnel must check product thoroughly before accepting.

All frozen products must have a pickup request within 7 days of being delivered.

All fresh seafood will be declined for pickup. The customer is responsible for inspection of these products upon delivery.

Any credit due for returned items will be processed once product has been returned to our facility and has been properly inspected. No deductions will be authorized or credits issued without a pickup slip, signed by both parties.

In addition, any products that are refused upon delivery must not only be clearly deleted from both copies of the invoice, but your representative should also receive a signed return sheet clearly indicating the refused items. If the original invoice is not changed or a signed return sheet does not exist, credit will not be granted.

By signing below you are acknowledging that the appropriate person within your organization has received a copy of this policy and that it is understood. It is agreed that credits will not be issued without the proper procedures being followed.

_____, _____
Signature of kitchen mngr, chef or purchasing agent Print Name Date
***Signature required to process application**

UNCONDITIONAL PERSONAL GUARANTY OF ACCOUNT

In consideration of Master Purveyors granting credit to _____ (hereinafter called Principal),

The undersigned hereby individually and jointly, personally and unconditionally guarantees payment in full of all present and future indebtedness of any kind and nature, of the principal to Master Purveyors, including but not limited to interest at the highest legal rate, reasonable attorney fees (both pre-judgment and post-judgment actions), and court costs. Any action to collect on the account may be brought in Hillsborough County, Florida, and trial by jury is waived.

This guarantee agreement is absolute, unconditional and continuing, and without the need for Master Purveyors to first pursue the principal. The obligation of the guarantors hereunder shall be binding notwithstanding any of the following: extension of time for payment, alteration of the principal, or failure to give any notices required by law; and this guaranty shall become enforceable upon failure of the principal to make payments of any indebtedness due to Master Purveyors immediately upon demand therefore at or after maturity.

The undersigned hereby waive notice of acceptance of this Guaranty, and notice of the goods and merchandise sold by you to the Principal, and all notice of defaults by Principal.

The undersigned understand and agree that a service charge of 1 ½% per month (18% per year) will be added to any amounts due from and unpaid by Principal. The undersigned also guarantee, absolutely and unconditionally, payment of such service charges (both pre-judgment and post-judgment)

The obligation of each guarantor individually shall continue until written notice of termination is received by Master Purveyors at 6003 N 54th Street Tampa, FL 33610 and shall terminate only as to such guarantor giving notice, and only as such indebtedness incurred subsequent to the date that such termination notice was received.

Signature of Personal Guarantor

Printed Name

_____-_____-_____
Date of Birth Social Security Number

Home Address

City, State, Zip

Phone Number

Witness

Date

Signature of Personal Guarantor

Printed Name

_____-_____-_____
Date of Birth Social Security Number

Home Address

City, State, Zip

Phone Number

Witness

Date

Office Use Only
Acct #: _____ Terms extended: _____ Route #: _____