

Vista Food Exchange, Inc.

B-101 Center Arcade, Hunts Point Co-op Market

Bronx, New York 10474

CREDIT APPLICATION (must be completed in full and signed)

Legal Name: _____ Date: _____

Trade Name or DBA: _____ Telephone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Business Type: Corporation ___ Limited Liability Corporation ___ Partnership ___ Sole Proprietorship ___ Other ___

How long has this company been in business? _____ How long has this company been at this address? _____

If corporation or LLC, in what year incorporated? _____ in what state? _____

List names and address of all owners/partners:

name home address (street city zip) home telephone

name home address (street city zip) home telephone

name home address (street city zip) home telephone

Trade Credit References: Please attach a separate paper for additional references.

➤ Name _____ Telephone _____ Fax _____

City _____ State _____

➤ Name _____ Telephone _____ Fax _____

City _____ State _____

➤ Name _____ Telephone _____ Fax _____

City _____ State _____

Bank References: Please attach a separate paper for additional references.

➤ Bank _____ City/State _____

Account # _____ Telephone _____

➤ Bank _____ City/State _____

Account # _____ Telephone _____

Is there any pending litigation against you or your business? Yes ___ No ___ If "yes" answer the following:

Plaintiff _____ Amount of Controversy \$ _____ Have you ever filed bankruptcy? _____

Personal _____ Or Business _____

Will your organization pay from a faxed invoice? Yes / No (please circle one) If yes, please list fax # _____

All information on this application is factual. Litigation of all kinds arising from transactions subject of this guaranty shall be subject to venue in the state and county of New York, New York law shall apply. I hereby authorize Vista Food Exchange, Inc. to request and obtain bank information on the above accounts, which we maintain at these locations. This information will be used in determining a line of credit with Vista Food Exchange, Inc.

(Owner or Officers signature and title)

Please remit application to: Vista Food Exchange, Inc.
1700 W. 40 Highway Ste. 206
Blue Springs, MO 64015

Fax: 816 228-9214