

Wild Edibles, Inc

740 Barry Street

Bronx, NY 10474

PHONE (718) 860-1000 FAX (718) 860-1015

CREDIT APPLICATION

BUSINESS NAME _____ TYPE OF OWNERSHIP
RESTAURANT NAME _____
ADDRESS _____ SOLE OWNER _____
TELEPHONE _____ FAX _____ PARTNERSHIP _____
DATE ESTABLISHED _____
FEDERAL TAX ID# _____
PARENT COMPANY _____ #of yrs in business _____ CORPORATION _____
PRICIPAL NAMES TITLE HOME PHONE HOMEADDRESS

ACCOUNTIG INFORMATION LEASING INFORMATION
CONTACT _____ DO YOU OWN PREMISES? _____
PHONE _____ FAX _____ LANDLORD NAME _____

BANK INFORMATION DELIVERY INFORMATION
BANK NAME _____ DELIVERY ENTRANCE _____
CONTACT _____ DELIVERY DAYS _____
ACCT# _____ DELIVERY TIME -AM/PM _____
PHONE _____ FAX _____ FED ID# _____

TRADE REFERENCES
VENDOR CONTACT PHONE
1. Meat/Poultry _____
2. Produce _____
3. Groceries _____

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY OUR INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS NET ___ DAYS THE ABOVE INFORMATION AS WELL AS THAT GIVEN IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE WE HERBY AUTHORIZE THE FIRM TO WHOM THIS APPLICATION IS MADE TO INVESTIGATE THE REFERNCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY IN CONSIDERATION OF CREDIT BEING EXTENDED BY WILD EDIBLES INC, TO THE ABOVE NAMED APPLICANT FOR MERCHANDISE TO BE PURCHASED: THE UNDERSIGNED GUARANTOR OR GUARANTORS EACH HEREBY CONTRACT AND GUARANTEE TO WILD EDIBLES INC, OR ITS SUBSIDIARYS THE FAITHFUL PAYMENT WHEN DUE, OF ALL ACCOUNTS OF SAID APPLICANT FOR PURCHASES MADE AFTER THE DATE OF THIS APPLICATION. THE UNDERSIGNED GUARANTOR OR GUARANTORS EACH HEREBY EXPRESSLY WAIVE ALL NOTICE OF ACPTANCE OF THIS GUARANTEE, NOTICE OF EXTENSION OF CREDIT TO APPLICANT, PRESENTMENT AND DEMAND FOR PAYMENT ON APPLICANT, PROTEST AND NOTICE TO UNDERSIGNED GUARANTOR OR GUARANTORS OF DISHONOR OR DEFAULT BY APPLICANT OR WITH RESPECT TO ANY SECURITY HELD BY WILD EDIBLES INC, EXTENSION OF TIME OF PAYMENT TO APPLICANT, ACCEPTANCE OF PARTIAL PAYMENT OR PARTIAL COMPROMISE ALL OTHER NOTICES TO WICH THE UNDERSIGNED GUARANTOR OR GUARANTORS MIGHT OTHER WISE BE ENTITLED AND DEMAND FOR PAYMENT UNDER THIS GUARANTEE SHOULD ACCOUNT BE REFERRED TO OUTSIDE AGENCY FOR COLLECTION, CLIENT AGREES TO ALL COLLECTION FEES AND COURT COST.

SIGNATURE _____

PRINT NAME _____ DATE _____ SOC SEC# _____

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WILD EDIBLES INC, requires full payment of all invoices on Net ____ Days from the invoices date unless amended terms are authorized in writing by **WILD EDIBLES INC**, balance over 30 Days from the invoice date are subject to Late Charges of 1.5% per month .Balances remaining over 60 Days from invoice date will be considered in default and Buyer will be liable for any all Collection Costs but not limited to Attorney Fee's and Court Costs. A valid Credit Card is to be left on file and authorization given to bill overdue invoices to the Credit Card when payments are more than 30 Days delinquent and Payment Agreement satisfactory to **WILD EDIBLES INC**, has not been reached and confirmed in writing.

I (we) the undersigned authorize **WILD EDIBLES INC**, to bill the following Credit Card for payment of invoices more than 30 Days old if Payment Agreement satisfactory to **WILD EDIBLES INC**, has not been made:

Type of Credit Card _____ Name on Card _____ (please print)

Account No: _____ Expiration Date _____

Zip Code: _____ Security Code: _____

BY : _____ (please print)

SIGNATURE _____ Date _____

Proof of Signature: Photocopy of Driver's License or Passport Required Below:

Place your Proof of Identification on this are
