

Preferred Meats, Inc.

700 Julie Ann Way Oakland, CA 94621

www.Preferredmeats.com -BALA KIRONDE balak@preferredmeats.com

APPLICATION FOR CREDIT, CREDIT AGREEMENT AND GUARANTEE

Tel: (510) 632-4065 E-mail: balak@preferredmeats.com

Company Name: _								
Type of Business:	Corporation □	Partnership □ LLC	☐ Individu	ual □				
Address:		[City]	[State]	[Zip]				
Federal Tax ID No.	:	Corporation No.:						
Phone: ()	Facsimile: ()							
Year Established:								
Ownership:		Title:						
Address:		[City]	[State]	[Zip]				
Phone: ()		Facsimile: ()						
Chef/Manager:		Phone:						
Purchasing:		Phone:						
Bookkeeper:		Phone:						
Bank:	Account No.:							
Bank:		Account No.:						
Address:		[City]	[State]	[Zip]				
Officer:		Phono:						

Preferred Meats, Inc. Credit Application (continued)

Landlord:			Cont	act:		
Address:						
Credit Card A	uthorization: Ca	ard No	[City]	[Sta	te]	[Zip]
Card: Master	Card □ Visa □	American Ex	opress □	Other \square	Expiration	on Date:
		CREDIT	AGREEN	IENT		
	TIRM ("CUSTOME ING TERMS IN CO					
3. CU CA INC CF 4. CU MA 5. CU CC	AST DUE INVOICE CCRUAL OF FINA JSTOMER AUTHO ARD IN THE EVEN C. RESERVES TH REDIT AT ANY TIM JSTOMER (YOU) ATERIAL CHANGE JSTOMER (YOU) ALLECTION, INCL OU) AGREES THA ALIFORNIA STATI	NCE CHARGES PRIZES PREFER T INVOICES AF E RIGHT TO RE ME. AGREES TO AD ES IN OWNERS AGREES TO PA UDING ATTOR	DOES NOT RED MEATER NOT PAISTOCKE, LIMING PREFER NEY'S FEET SHALL E	T EXTEND C TS, INC. TO I ID WHEN DU IIT OR MODI FERRED ME. RED MEATS S IN THE EV SE RESOLVE	REDIT TE BILL THE JE. PREFI FY THIS E ATS, INC. S, INC.'S C ENT OF S ED AND VE	RM. ABOVE CREDIT ERRED MEATS, EXTENSION OF OF ANY OST OF UIT. CUSTOMER
[SIGNATU	RE]	<u></u>	TITLE]		[D/	ATE]
	UN	CONDITIO	NAL GU	ARANTE	E	
	sideration for the		•		MEATS,	INC. to
	•	guarantee pay			ent and fut	ure indebtedness
all costs of co attorney's fee	ED MEATS, INC llection incurred	by PREFERRE any dispute sl	D MEATS	, INC., inclu	ding court	
SIGNED:			TITLE: _			
OWNERSHIF	PERCENTAGE	IN FIRM:		%		

Preferred Meats, Inc. Credit Application (continued)

REFERENCES

COMPANY NAME:		
COMPANY PERSON:		
PHONE: ()	FAX: ()	
COMPANY NAME:		
PHONE: ()	FAX: ()	
COMPANY NAME:		
PHONE: ()	FAX: ()	
COMPANY NAME:		
COMPANY PERSON:		
PHONE: ()	FAX: ()	
0014541114145		
COMPANY NAME:		
COMPANY PERSON:		
	FAX: ()	