



FOODSERVICE DISTRIBUTORS, INC.

105 Quist Rd
Amsterdam, NY 12010

Account No. _____

Bracket _____

New Customer Form & Credit Application

TRADE NAME (D/B/A) _____

CORPORATE NAME _____

DELIVERY ADDRESS _____

CITY/ST/ZIP _____

PHONE (____) _____ FOODSERVICE MANAGER _____

STATEMENT ADDRESS _____

CITY/ST/ZIP _____

TO THE ATTENTION OF _____

EMAIL ADDRESS: _____

OWNER _____ SS# _____

PARTNER _____ SS# _____

CORP OFFICERS _____

(Name)

(Home Address)

(Phone)

(Title)

OWN _____ LEASE _____ IF RENT/LEASE _____

(NAME OF PROPERTY OWNER)

(ADDRESS)

(PHONE)

TRADE REFERENCES (NOT TO INCLUDE BEER/LIQUOR DISTRIBUTORS)

NAME

CITY

PHONE

SUPPLIER _____

SUPPLIER _____

SUPPLIER _____

BANK REFERENCE _____

(Name)

(Account)

(Phone)

CREDIT TERMS YOU ARE REQUESTING FROM QUANDTS _____

APPROVED TERMS _____ CREDIT MANAGER _____

I/We, the undersigned, request Quandt's to sell and deliver foodstuffs to the customer as stated on this application and further certify that the statements made on the customers application are true and correct.

A SERVICE CHARGE of 1 1/2% per month will be applied after 30 days on the unpaid balance of your account. This is an ANNUAL PERCENTAGE RATE of 18%. In the event of a default in payment, that the customer will pay to Quandt's all collection costs and an attorney's fee of one-third of the amount due.

I/We personally guarantee payment in full to Quandt's including any and all delinquency charges, collection costs and attorney's fees incurred as specified above and waive any presentment, demand, protest and any other notice from Quandt's regarding this guarantee of payment.

Date

Signature

Signature

Witness

Print Name

Print Name

QUANDT'S FOODSERVICE DISTRIBUTORS, INC.
P.O. BOX 700
AMSTERDAM, NEW YORK 12010
PHONE 518-842-1550
FAX 518-770-1969

CONSENT FOR RELEASE OF CREDIT INFORMATION

Dear Prospective Credit Account Customer:

Many banks and other credit reference businesses, in the interest of protecting the confidential financial conditions of the customer, are becoming less willing to share that information without their customers consent.

This places "Quandt's Foodservice" in a difficult position, because without that information it is impossible for us to determine whether or not we can grant credit of check writing privileges.

The purpose of this form is to ask you to give permission for credit information to be released to "Quandt's Foodservice".

Please sign below so we can acquire the information that will hopefully enable us to set up a credit account and/or check writing privileges for your business.

Dear, _____:
Name of Financial Institution

Account # _____

You have my consent to release the credit information asked for by "Quandt's Foodservice".

Signed: _____

Print Name: _____

Business Name: _____

Today's Date: _____

BANK REFERENCE

Bank Name: _____ Inquiry Date: _____

Account opened: _____ checking _____ Savings _____ **Avg. Bal.** _____ hi _____ med _____ low _____

Figures: 2 3 4 5 6 7 Number of NSF's _____ Overdrafts _____ Rating: _____

Loans: Terms: _____ High credit: _____ Balance: _____ Pays as Agreed: Y N

Secured: _____ Unsecured _____ Too new to rate: _____ No Record: _____

Name of Person giving Ref: _____ Phone/ Fax: _____