

FRESHWAY DISTRIBUTORS, INC

A DIVISION OF Kozy Shack Enterprises

Tel: (516) 870-3320

Fax: (516) 870-3321

Applicant (trade name): _____

Address: _____

Address: _____

Telephone: _____ Fax: _____

Type of Business (Corporation, Individual, Partnership): _____

Year Business Started: _____

Name of Principle: _____ Title: _____

BUSINESS BANKING

Name of Bank: _____

Branch: _____

Address: _____

Telephone: _____

Account Number: _____

Account Officer (IMPORTANT): _____

List below names, addresses, and telephone numbers of those currently extending credit to you

<u>COMPANY NAME</u>	<u>ADDRESS</u>	<u>CITY/STATE/ZIP</u>	<u>TEL NO</u>	<u>FAX NO.</u>
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1.

2.

3.

I certify that if FRESHWAY DISTRIBUTORS, INC grants me credit I will abide by it's terms of payment, and that if placed for collection/litigation, I will pay ALL legal fees as prescribed by the Civil Laws of New York State.

Signature, Title, Date _____