



Star Food Products, Inc.

2853 EXECUTIVE PARK DRIVE SUITE # 105

PHONE 954-384-1600 FAX 954-384-4451

WESTON, FL 33331

www.starfood.us

CREDIT APPLICATION							
Date:							
Trade Name:				Delivery Address:			
Legal Name				City, State & Zip:			
Tel:				Billing Address:			
Fax:				City, State & Zip:			
Business is a:				Accounts Payable Contact:			
() Individual Ownership				Check signer:			
() Corporation () Partnership				Consigner:			
Incorporated(State&Date):				Line of credit requested:			
Federal ID #:				Do you require a purchase order?			
Type of Business							

PRINCIPAL OWNERS OR STOCKHOLDERS AND OFFICERS AS FOLLOWS:

Name	Complete home address	Home Telephone

BANK

Bank Name	Telephone	Account #	Fax	Contact

VENDORS

Vendors Name	Telephone	Fax	Contact

The undersigned authorizes Star food Products Inc, to inquire to the above mentioned banks and vendors for credit information. In consideration of Star Food Products Inc, selling merchandise or extending credit to the above business, I/we do hereby agree, personally, jointly and severally to pay for all goods, services and merchandise supplied to any of us or the above named business. In the event that an invoice is not paid in full on the date due, a 1.5% interest charge per month will be added on all outstanding balances and in the event it becomes necessary to place the account with an attorney we agree to pay all costs including reasonable attorney's fees and hereby waive our privilege of being sued in the county of our residence and agree that suit may be brought in Broward/Dade County, Florida. We agree to immediately notify Star Food Products Inc, at the above address of any change of ownership or form of said business. This instrument shall be remain in force until actual written notice or revocation is received by Star Food Products Inc.

Signed, sealed & delivered day of

President (Print Name)

Signature