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Savalo

Business Credit Application

BUSINESS INFORMATION

Business Name:	Nature of Bus	siness:		Date Established:	
Street Address:	:		Phone Number:		
	T a				
City:	State:			Zip:	
Mailing Address:	iling Address:			Tax ID Number:	
L					
BUSINESS STRUCTURE					
(Please circle the appropriate structure typ	e and comple	te the inf	formation for that spec	ific type)	
PROPRIETORSHIP					
Owner's Name:					
Residence Address:					
City:		State:		Social Security Number:	
City.	State:			Social Security Number.	
PARTNERSHIP (Provide full name, address, and partnershi	ip interest of a	II partner	rs)		
	ip interest of a	all partnei	rs)		
(Provide full name, address, and partnershi PARTNER DETAILS	ip interest of a	all partnei	rs)		
(Provide full name, address, and partnershi PARTNER DETAILS Name:	ip interest of a	State:	rs)	Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address:	ip interest of a		rs)	Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION		State:		Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City:		State:		Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION		State:		Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION (Provide the name and address of all office)		State:	ipal shareholders)	Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION (Provide the name and address of all office) Date of Incorporation:		State:	ipal shareholders)	Social Security Number:	
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION (Provide the name and address of all office) Date of Incorporation:	ers, directors, a	State:	ipal shareholders) State of Incorporation:		
(Provide full name, address, and partnership PARTNER DETAILS Name: Residence Address: City: CORPORATION (Provide the name and address of all office) Date of Incorporation:	ers, directors, a	State:	ipal shareholders) State of Incorporation:		



41 Mercedes Way, Suite 25



Edgewood, NY 11717 (631) 254-3434 info@eurochefusa.com www.eurochefusa.com

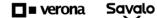
OFFICER DETAILS				
President:		Vice President:		
Treasurer:		Secretary:	Secretary:	
Registered Agent:		l		
BUSINESS AND BANK R	REFERENCES			
Business Reference #1				
Name:	Account Number:		Phone Number:	
Address:			Fax Number:	
Business Reference #2				
Name:	Account Number:		Phone Number:	
Address:			Fax Number:	
Bank Reference #1				
Bank Name:	Address:			
Bank Reference #2	,			
Bank Name:	Address:			

FINANCIAL INFORMATION REQUEST

Please attach comprehensive financial statements for the past two years, including balance sheets, income statements, and cash flow statements, to assess your creditworthiness and financial stability.









AUTHORIZATION AND SIGNATURE

By signing below, the undersigned authorizes EuroChef to make any inquiries necessary in racessing this application and agrees to abide by the terms and conditions outlined above

	nal information upon request and consents to the
use and verification of this information as des	·
Signature of Authorized Representative:	Date:
Print Name & Title:	
GUARANTOR SECTION	
I, the undersigned, hereby personally guarar sums that may become due to by the above-	ntee the payment of any sums now owing and all named business.
Signature of Guarantor:	Date:
Print Name & Title of Guarantor:	
ADDITIONAL INFORMATION MAY	BE REQUESTED
If applicable under Public Law 91-508 (15 US LLC, authority to make whatever inquiries are	SC 1601), the undersigned herby grants EuroChef necessary in processing this application.
IF CREDIT IS ACCORDED THE UNDERSIGNE IN ACCORDANCE WITH TERMS OF CONTRA	ED AGREES TO PAY ALL MONTHLY STATEMENTS ACT.
Name of Owner, Firm, or Corporation	Signed by
	Authorized Representative or Buyer
Please complete this form and mail or email is any additional requested documents, to:	t, along with the required financial statements and
info@eurochefusa.com	
EuroChef LLC	
1874 Bath Avenue	
Brooklyn, NY 11214	



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GENERAL CREDIT TERMS AND CONDITIONS

- 1. Applicant agrees to pay EuroChef LLC, on or before the due date (pending terms approval) following the day of invoice.
- 2. Accounts not paid on the due date are considered delinquent and are subject to suspension of credit.
- 3. Credit granted to the applicant may, at the option of the Seller, be canceled at any time upon notice of applicant.
- 4. The applicant agrees to pay a service charge of 1.75% per month or maximum allowed by law on any amounts passed due from applicant.
- 5. Any dispute which the Buyer may have with any bill from the Seller, must be reported to the accounting department within 10 days of the billing date.
- 6. Applicant shall give Seller 90 days written notice before any changes in its ownership and shall give the Seller prompt notice of any other material change in the information contained on the front of this application. Any written notice shall be directed to the EuroChef account manager.
- 7. Applicant agrees to pay Seller all expenses Seller may incur to enforce collection of any amount due under this agreement, including reasonable attorney's fees and court costs in connection therewith.
- 8. Limited Credit Customer must submit a Credit Application in order to obtain credit from Supplier. If Customer seeks additional credit, any open balance should not exceed the amount requested/granted. Customer must settle any outstanding balance, at least to an amount which is less than the requested amount, before new credit can be extended.
- 9. Restricted Future Deliveries: If Customer fails to make timely payments as per Section 2, Supplier may limit or restrict future deliveries of goods or services until the outstanding balance is settled. Supplier reserves the right to determine the extent and duration of such restrictions, based on the outstanding payment history and any other relevant factors.
- 10. Payment Allocation: Supplier shall have the right to allocate any payment received from Customer, in its sole discretion, to outstanding balances, including fees, interest, and principal amounts, in any order the Supplier deems appropriate. Such payment allocation shall not be deemed a waiver of any rights of Supplier, nor shall it prejudice Supplier's right to pursue any additional remedies available under this Rider or applicable law.

Signature	Print name & Title