

La Prima Food Group Inc.

5105 Berwyn Road Suite 101

College Park, Md 20740

301-220-1001

Fax 301-220-4489

email to: jgray@laprimacatering.com

CREDIT APPLICATION

COMPANY NAME _____

(Subsidiaries and affiliates must complete separate application)

Address _____

Phone # _____ Person completing this form _____ Date _____

TYPE OF

BUSINESS: _____

BANK REFERENCES: (Signature below authorizes bank to release account information.)

Bank Name _____ Account Number _____

Bank Contact _____ Phone Number _____

How long have you done business with this bank? _____ Do you require Purchase Orders?

_____ If yes please provide us with appropriate information to secure a purchase order.

CREDIT REFERENCES:

Vendor Name Address Phone # Account #

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TERMS: We require that all charges be paid within 10 days. You will be notified of all overdue invoices on a monthly statement which will include a 1.5% per month service charge.

Account may be subject to a hold if invoices go unpaid beyond 45 days.

These terms are agreed and accepted:

Name Title Signature Date

Forward this application to the address below, or if you prefer, you can drop it at any La Prima location and they will forward it for you.

COMPLETE THE REVERSE SIDE OF THIS FORM FOR BILLING PURPOSES

Federal Tax ID # 52-1478171

BILLING INSTRUCTIONS

SEND STATEMENT TO:

Company Name _____

Address _____

Attention _____

Phone Number _____ Fax _____ Email _____

NON-TAXABLE? _____ (Check if exempt, Exemption Certificate must be attached. If located in the State of VA there is no tax exemptions available for food purchases)

Persons authorized to use this account:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

(If more space required attach sheet.)

If you have special instructions not covered above, please explain in this section.

To insure proper billing, please notify us in writing of any changes in billing instructions of those authorized to charge.

LPFG Use Only	Approved _____	Account # Assigned _____
Form Date 10/07		
Unit Number:	Date _____	Location Assigned _____

423 A Calvert Street, Alexandria, VA
8424 Lee Highway, Fairfax, VA
10983 H Guilford Road, Columbia, MD

5105 Berwyn Rd, College Park, MD
735 York Rd, Willow Grove, PA