NAPOLI FOODS, INC.
Account Setup Form

10 Knotter Drive, Cheshire, CT 06410
Phone: 860.276.4000 Fax: 860.276.4040

I. General Information

Trade Name or DBA | Corporate Name

Ship-To Address | Contact (Manager, Chef) | E-mail

City | State | ZIP | Phone # | Fax #

Billing Address (if different from Ship-To) | Contact (Bookkeeper) | E-mail

City | State | ZIP | Phone # | Fax #

Company Type: ☐ Individual ☐ LLC ☐ Partnership ☐ Corporation | Date of Incorporation | State Incorporated in

Location Type: ☐ Rent ☐ Own ☐ Lease | Date Business Began | State Sales & Use Tax #

Business Type: ☐ Restaurant ☐ Retail Store ☐ Pizzeria ☐ Deli ☐ Distributor ☐ Foodservice Oper. | Napoli Foods Sales Rep | Hours of Operation (Open - Close)

II. Name Owners *For Partnership: Name All Partners. For Corporation, Name President and Treasurer.*

Name | Title | Date of Birth | Social Security # | Driver's License #

Home Address | Location Type: ☐ Rent ☐ Own ☐ Lease

City | State | ZIP | Home Phone # | Cell Phone #

II. Name Owners (continued)

Name | Title | Date of Birth | Social Security # | Driver's License #

Home Address | Location Type: ☐ Rent ☐ Own ☐ Lease

City | State | ZIP | Home Phone # | Cell Phone #

IV. Trade References

Name | Address | Account # | Terms | Phone #

Name | Address | Account # | Terms | Phone #

Name | Address | Account # | Terms | Phone #

Name | Address | Account # | Terms | Phone #

V. Terms

Applicant's signature attests to financial responsibility, ability, and willingness to pay our invoices in accordance with the following terms:

1. I/We authorize all banking and trade references to release information to Napoli Foods, Inc. for its confidential use.
2. I/We agree to notify Napoli Foods, Inc. immediately of any change of ownership.
3. All product returns must be authorized and all shorts must be notified within twenty four (24) hours of delivery.
4. All returned checks are subject to a service charge.
5. Standard credit terms are seven (7) days from date of purchase.
6. All invoices will be paid according to our stated terms, otherwise they will be considered delinquent and may be placed for collection.
7. If this account is becomes delinquent, I acknowledge and agree to pay all collection costs, attorneys' fees, court expenses, and interest charges of 1.5% per month, which corresponds to an annual interest rate of 18%.

In consideration of Napoli Foods, Inc. (Seller) selling goods, wares, and merchandise upon credit or allowing additional time for payment on the present indebtedness, I hereby personally guarantee payment of any and all obligations incurred and agree to personally pay the said obligations, in accordance with the terms between the parties, in the event of default.

x _____ _____

Name (Please Print) | Signature | Date

x _____ _____

Name (Please Print) | Signature | Date

PLEASE COMPLETE, SIGN, AND RETURN THIS ORIGINAL FORM

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