

Klein's Real Kosher Ice Cream Inc.

www.koshericecream.com

Customer Credit Application

| | | | |
|--|----------------|---|--|
| Firm Name: | | | |
| Address: | | | |
| City: | | State: | Country |
| Zip/Postal Code: | | Company Web Site: | |
| Telephone No.: | | Facsimile No.: | |
| Contact Name: | | Accounting Contact: | |
| Contact Phone: | | Accounting Contact Phone: | |
| Federal Tax No. | | Resale Tax No. (provide copy of certification) | |
| Business Structure: | Proprietorship | Partnership | Corporation |
| | | | Length of years business has been established: |
| Bank Reference (Sign and return "Authorization to Release Bank References") | | | |
| Bank Name: | | | |
| Bank Contact Name: | | Account Number: | |
| Title: | | | |
| Phone No.: | | Fax No: | |
| Trade References - Please provide trade references from customers with whom you are currently doing business with relationships which are equal to or greater than the amount of the credit line you are requesting below. | | | |
| Name | | Name | |
| Contact | | Contact | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Phone | | Phone | |
| Fax | | Fax | |
| Credit Terms Requested: | | Maximum Credit Line Requested: | |
| DUNS No.: | | | |
| Credit Application Must be Signed by Prospective Customer | | | |
| If Credit is extended, I/we agree to pay all debts incurred within the terms of sale. I/we further expressly agree to pay reasonable collection costs and/or attorney's fees incurred in connection with the collection of this account, if it becomes delinquent. | | | |
| Authorized Signature: | | | |
| Title: | | Date: | |

Fax credit application to 718-436-1036 attention: Accounts Receivable

We hope to service you soon!