



QUALITY BEEF CO., INC.

APPLICATION FOR CREDIT

25 Bath Street, Providence, RI 02908
Phone 401 421-5668 Fax 401 421-8570
www.qualitybeefco.com

Sales # _____

Date __/__/____

NOTE TO CUSTOMER (Please Answer ALL Questions and Complete Fully)

Federal law requires our suppliers to pay livestock producers within 24 hours of slaughter. Therefore, our terms are that **all accounts are due and payable on the first Monday following the date of sale. (NET 7 DAYS)** Any balance remaining unpaid on your account 21 days after the date of sale is subject to a late charge of 1 1/2% per month equivalent to 18% per year plus and all costs of collection incurred by Quality Beef Co., Inc. (the "Company") The Company may discontinue credit privileges at any time and for any reason.

APPLICANT'S DATA: (Please Print Clearly & Return This Original when Complete)

Business Legal Name: _____
(herein the "Customer")

Trade Name (if any): _____ **Phone# :** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Fax #: (____) _____ **Cell/Beeper/Other Phone:(**____) _____ **E-Mail Address:** _____
(circle one)

Date Established: _____ **Operating at above Location Since:** _____ **Number of Employees:** _____

Entity Type (check one): Individual Owner(s) Partnership Limited Partnership Corporation

Tax ID# _____ **Resale Certificate #** _____

Present location: Owned By Customer: Leased From Other (Please Explain): _____

Building and Real Estate _____

Credit Card Info: Type of Card MC Visa AMEX Acct# _____ Expiration ____/____
check one

Vehicles Owned (list) _____

check if subject to liens, in favor of: _____

Has the customer or any owners ever filed bankruptcy? NO YES (explain on an attached sheet)

Owner Information (Complete information for Owner(s), Partners, or Shareholders):

Name: _____ Social Security# : _____

Street: _____ City _____ State _____ Zip _____ Phone Number: (____) _____

Name: _____ Social Security# : _____

Street: _____ City _____ State _____ Zip _____ Phone Number: (____) _____

BANKING INFORMATION:

Checking Account : _____
Bank Account Number Telephone # Contact

Savings Account : _____
Bank Account Number Telephone # Contact

Mortgage or Loan Account: _____
Bank Account Number Telephone # Contact

TRADE REFERENCES: *Other than Credit Cards, unless that is the only references available*

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

GUARANTY

To induce the Company to extend credit to the Customer referred to above, the undersigned, jointly and severally in more than one, unconditionally guarantees to the Company the prompt payment when due of all debts, obligations, and liabilities of every kind and description, arising out of credit previously granted, credit contemporaneously granted or credit granted in the future by the Company to the Customer, including, without limitation, interest on overdue amounts (the

This Guaranty is a continuing, unconditional and absolute guaranty of payment and performance. The Company shall not be required to proceed against the Customer or enforce any other remedy before proceeding against the undersigned. The undersigned agrees to pay all attorneys' fees and other expense and cost of collection incurred by the Company by reason of default by the Customer or by the undersigned. The undersigned waives notice of acceptance hereof, notice the time or amount credit extended to the Customer, Notice of nonpayment or default by the Customer, and of all other notices or emands of any kind to which the undersigned maybe entitled. The undersigned waives any and all defenses available to a surety, endorser, or guarantor under applicable law. The undersigned consents to any extensions or modifications granted to the Customer and the release and/or compromise od any Obligations hereunder.

This is a continuing Guaranty and shall not be discharged or affected by death of the undersigned, and shall bind the undersigned's heirs, administrators, representatives, successors and assigns. This Guaranty shall remain in full force and effect unless terminated by a written notice sent by the undersigned to the Company by certified, return receipt request. Such termination shall only be effective for Obligations of the Customer incurred after actual receipts of such notice of termination by the Company. The undersigned consents to the jurisdiction of the Federal or State courts in the State of Rhode Island.

Each of the undersigned (i) has read and accepted the above terms (ii) warrants that the information provided above is correct and complete and (iii) authorizes the Company to contact the credit references and financial institutions listed above and said entities are authorized to release information to the Company.

Witness: _____ **Guarantor Print Name:** _____ **Address of Guarantor:** _____ **Date:** _____ **Signature of Guarantor:** _____

