

ESPOSITO'S FINEST QUALITY SAUSAGE PRODUCTS

APPLICATION FOR DISTRIBUTOR RIGHTS

The undersigned is applying for the ability to distribute Esposito's Finest Quality Sausage Products and agrees to abide by the terms and conditions mutually agreed upon.

Company Name and Address

Phone () - Fax () -

Federal Tax ID: -

Nature/Type of Business :

No. of Employees

Date Business Established

Organization Type (circle one)

Corporation

General Partnership

Limited
Partnership

LLC

Sole Proprietorship

Other
: _____

State where your company was organized:

Name and title of person(s) authorized to act/place orders on your behalf:

Name	Title

Trade References

Reference #1

Name and Address :

Phone () -

Reference #2

Name and Address :

Phone () -

Reference #3

Name and Address :

Phone () -

Bank References

Bank #1

Account # Phone () -

Contact Person

Name of Bank

Address

Additional Information

Have you or your officers or affiliates ever filed a petition in bankruptcy? Yes /

No

If so, describe here :

Are you subject to any litigation? Yes / No

If so, describe here :

Are you current in meeting your other financial obligations? Yes / No

If not, describe here:

By submitting this application for credit I authorize Esposito's Finest Quality Sausage Products ("Esposito's") to contact all business and financial references offered on this credit application. This authorization is granted in conjunction with my request for a line of credit / the right to distribute Esposito's Finest Quality Sausage Products.

Name

Date

Title

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