



21616 87th Ave SE, Woodinville, WA 98072 Ph: 360-668-9404 Fax: 360-668-1005

APPLICATION FOR BUSINESS CREDIT

BUSINESS NAME	DESIRED CREDIT
ADDRESS	CITY, STATE, ZIP
PREVIOUS ADDRESS	CITY, STATE, ZIP
TELEPHONE NUMBER	YRS. IN BUSINESS
ACCOUNTS PAYABLE CONTACT	AP EMAIL

INFORMATION ON OWNER

NAME	HOME ADDRESS, CITY, STATE, ZIP	SOC. SECURITY #

TRADE CREDIT REFERENCES (MUST LIST 4)

NAME	ADDRESS, CITY, STATE, ZIP	PHONE #	A/R EMAIL / FAX

BANK REFERENCE

NAME	ADDRESS, CITY, STATE, ZIP	BUSINESS ACCT. NO.

Credit line requested \$ _____. Financial Statement required if over \$10,000.00 and must be attached. Has this company or any officers, directors, or owners of the company ever filed a voluntary petition in bankruptcy, been adjusted bankrupt or made an assignment for the benefit of creditors?

If yes, who and when?

This application and the information contained herein is a request for the extension of credit. Applicant certifies that the firm he represents is doing business as a Corporation (), Partnership (), or Sole Proprietorship () (please check one). The applicant authorizes the above named creditor to obtain a written or oral credit report from any credit reporting agency. The applicant further authorizes any bank or commercial business with whom the applicant is doing or has done any type of business to give any and all necessary information to the creditor which will assist in the credit investigation. The applicant further authorizes the creditor to reinvestigate the applicant's credit status from time to time as the creditor deems necessary and should creditor, upon such reinvestigation, deem it necessary to limit or terminate the credit arrangement with applicant, said applicant shall be notified as to any adverse action. Upon approval of the application for credit, said applicant will be notified with the creditor's terms of sale and should applicant at some future time deviate from the creditor's terms of sale; said creditor reserves the right to terminate future extension of credit with applicant.

If credit is extended, I (we) agree to pay creditor all debts incurred within creditor's terms of sale. I (we) expressly waive all right of exemption under the constitution and laws of the State of Washington and any other state, as to personal property and I (we) agree to pay all costs of collection or attempting to collect or secure any and all debts which I (we) now owe or which I (we) may in the future owe creditor for goods sold to me (us) or to services rendered including a reasonable attorney's fee on the unpaid debt so long as any of said indebtedness is due and unpaid.

AUTHORIZATION FORM: I hereby authorize World Wide Gourmet Foods, Inc. to run a Business Owner Profile/Small Business Intelliscore. I release all persons, companies, corporations and/or other entities from any and all liability, both actual and potential, arising out of provisions of such information.

PERSONAL GAURANTEE for _____ (Business Applicants' Company Name)

The undersigned guarantees payment of all indebtedness incurred by the above applicant to World Wide Gourmet Foods, Inc., whether now due or hereafter incurred. The undersigned also agrees to pay to World Wide Gourmet Foods, Inc. reasonable attorney's fees incurred in the collection of such indebtedness. It shall not be necessary to World Wide Gourmet Foods, Inc. in order to enforce the obligations of the undersigned hereunder to first institute suit or pursue or exhaust its remedies against the applicant. If more than one individual signs below, each shall be liable hereunder jointly and severally. The guarantee shall remain in full force and effect until released by World Wide Gourmet Foods, Inc. in writing or until notice is received by World Wide Gourmet Foods, Inc. from the undersigned, although such notice by the undersigned shall apply only to indebtedness arising thereafter and shall not affect the guarantee of indebtedness then existing. Please note that a signature followed by a corporate title invalidates the personal guarantee.

It is understood that filling out this form does not guarantee the term status with World Wide Gourmet Foods, Inc. Any information obtained will be held in the strictest confidence and will be used only in consideration of this application.

Print Business Owner/Authorized Agent Full Name & Title

EIN / Social Security Number

Signature Business Owner/Authorized Agent

Date