

Pacifica Foods Company

Salesrep: _____

4306 E. 26th Street, Vernon, CA 90058
Tel:323-415-0300 Fax: 323-415-0340

CREDIT APPLICATION

LEGAL NAME: _____ TRADE NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NO: _____ FAX NO: _____

OWNERSHIPS TYPE: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____

FED. I.D. NO. _____ RESALE NO. _____ CORP. NO. (IF AN CORP.) _____

PRINCIPALS (OWNERS/OFFICERS):

HOME ADDRESS & PHONE NUMBERS:

1. _____

Soc. Sec.# _____ D.L.# _____

Home Ph.# _____

2. _____

Soc. Sec.# _____ D.L.# _____

Home Ph.# _____

3. _____

Soc. Sec.# _____ D.L.# _____

Home Ph.# _____

Type of Business _____ Years in Business _____

IF OWNED LESS THAN 2 YEARS: NAME, ADDRESS OF FORMER BUSINESSES: _____

REFERENCES	ADDRESS(St., city, state, zip)	CONTACT NAME, PH #
Bank _____	_____	_____
Account No. _____	_____	_____
Supplier _____	_____	_____
_____	_____	_____
Supplier _____	_____	_____
_____	_____	_____
Supplier _____	_____	_____
_____	_____	_____

Continued on next page

Initial: _____

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4306 E. 26th Street, Vernon, CA 90058

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CREDIT APPLICATION

CREDIT AGREEMENT

IN CONSIDERATION OF THE CREDIT TO ME/US, UNDER THIS AGREEMENT, I HEREWITH AGREE TO PAY A 1.5% (18% PER ANNUM) SERVICE CHARGE ON ALL INVOICES NOT PAID WITHIN TERMS, that in the event of default on any invoices, PACIFICA FOODS COMPANY (hereon as "PACIFICA") will have the right to declare all invoices due and payable; that in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. I/We also agree that this agreement was entered into, performed and executed in the city of Los Angeles, Los Angeles County, California. I/We authorize "PACIFICA" to run credit reports and or confirm the information on this credit application and give out information about my/our account to credit reporting agencies and others who so request. I/We further agree to the terms and conditions printed on the front and back of the "PACIFICA" invoices. I/We further authorize my/our bank to release general financial information to "PACIFICA" if they so request. I further declare that I have the authority to apply for credit on behalf of the above named entity. That upon the payment in full of any invoices, this agreement will remain in effect and will apply to any and all purchases made thereafter.

Name of Business: _____

Signature: _____ Print Name & Title: _____ Date: _____

PERSONAL GUARANTEE

For value received, the undersigned hereby unconditionally guarantees payment of all obligations incurred by the above named applicant. The undersigned further agrees that in the event legal action is instituted to enforce collection, to pay reasonable attorney's fees and costs for such legal action. I/We also agree that this agreement was entered into, performed, made payable and executed in the city of Los Angeles, Los Angeles county, California. That upon payment in full of any invoices this guarantee will remain in effect and will apply to any and all purchases made thereafter.

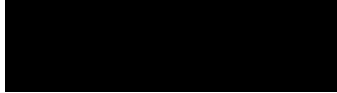
Signature: _____ Print Name & Title: _____ Date: _____

FOR "PACIFICA" USE ONLY

Comments: _____

Terms Granted: _____ Amount of Credit: _____ By: _____

PACIFICA FOODS COMPANY



4306 E. 26th Street. Vernon, CA 90058
Tel: 323-415-0300 Fax: 323-415-0340

SELLER'S PERMIT SIGNATURE FROM

FIRM NAME _____

I HEREBY CERTIFY,

That I hold a valid sellers permit No. _____ Issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of selling _____; that the tangible personal property described herein which I shall purchase from: Pacifica Foods Co. will be resold by me in the form of tangible personal property; PROVIDED; however, that in the event any of such property is used for any purpose other than retention, demonstration, or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property or other authorized amount.

Description of property to be purchased: _____

Date: _____ Signature: _____

At: _____ By and Title: _____

Phone: _____ Address: _____

Please fully fill this form and along with a copy of your Reseller's Permit Certificate Fax to our offices at: 323-415-0340 or email to: info@pacificafoods.com.

Thanks for your cooperation!



Pacifica Foods Company, 4306 East 26th Street, Vernon, CA 90058
 888-WE-PASTA, 888-937-2782, Fax: 323-415-0340, www.pacificafoods.com, email: info@pacificafoods.com

CUSTOMER#: _____

SLS#: _____

DATE: _____

CUSTOMER NAME: _____

CUSTOMER TYPE: _____

DELIVERY ADDRESS: _____

BILLING ADDRESS: _____

PHONE#: _____

FAX#: _____

EMAIL: _____

CONTACT NAMES:	POSITION:	CELL#:	EMAIL:
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1. _____

2. _____

3. _____

4. _____

ACCOUNT PAYABLE

PHONE#:

EMAIL:

CONTACT NAME: _____

EMAIL ADDRESS FOR STATEMENTS: _____

OPERATING HOURS: _____

DELIVERY HOURS: _____

PREFERRED ORDER DAY: _____

PREFERRED DELIVERY DAY: _____

COMMENTS:

PACIFICA FOODS CO.

4306 E. 26TH STREET, VERNON, CA 90058-4301

323-415-0300

FAX: 323-415-0340

Payment Remittance Address:

Regular Mail:

PACIFICA FOODS CO.
P.O. BOX 740455
LOS ANGELES, CA 90074-0455

Overnight Mail:

PACIFICA FOODS CO.
4306 E. 26TH STREET
VERNON, CA 90058-4301

ACH (automatic clearing house):

Bank Name: BANK OF AMERICA MERRILL LYNCH
Bank Address: 333 S. Hope Street, Los Angeles, CA 90071
Routing/ABA Number: 121000358
Beneficiary Name: Pacifica Foods Co.
Beneficiary Account No.: 325000625212

Beneficiary email Address: accounting@pacificafoods.com

- Please include a list of invoices paid at the ACH memo field
and/or email us at above email address

BANK WIRE:

Bank Name: BANK OF AMERICA MERRILL LYNCH
Bank Address: 333 S. Hope Street, Los Angeles, CA 90071
Routing/ABA Number: 026009593
Beneficiary Name: Pacifica Foods Co.
Beneficiary Account No.: 325000625212

Beneficiary email Address: accounting@pacificafoods.com

- Please include a list of invoices paid at the memo field
and/or email us at above email address

Sincerely,
Pacifica Foods Management