



1 Galasso Place,  
Maspeth, NY 11378  
TEL.: 718-821-2735  
FAX.: 718-228-4638  
E-MAIL: ORDERS@HAYANFOOD.COM

### CREDIT CONTRACT AND GUARANTY FORM

#### SHIP TO

CORPORATE NAME

DBA - TRADE NAME

ADDRESS

CITY, STATE, ZIP

PHONE NO. (AREA CODE)

FAX

#### BILL TO

NAME

ADDRESS

CITY, STATE, ZIP

PHONE NO. (AREA CODE)

EMAIL ADDRESS

FEDERAL TAX ID # \_\_\_\_\_

A/P CONTACT & PHONE NO. \_\_\_\_\_

CHECK ONE  CORPORATION  PARTNERSHIP  SOLE PROPRIETORSHIP

Do you  Own or  Lease your location?

Years in business (this location) \_\_\_\_\_

Type of business \_\_\_\_\_ Liquor Auth. License # \_\_\_\_\_ State \_\_\_\_\_

#### PLEASE COMPLETE THE FOLLOWING (Please Print:)

Name of owners, partners, or officers (Please list title). Attach additional sheet if applicable

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

#### BUSINESS BANK ACCOUNT:

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

We hereby make application for credit to Hayan Food Distribution Corp., or by any of its divisions. If credit is granted, we agree to pay all bills within the stated terms of sale. We agree to pay a service charge of \$25.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge will be assessed at 1.5% per month which is an annual percentage rate of 18% on the accounts past due. Should legal action be taken to secure payment for merchandise received, we will be liable for all expenses, including reasonable attorney fees, incurred by Hayan Food Distribution Corp. We agree not to transfer or assign this agreement without prior written consent of Hayan Food Distribution Corp. Written notification is required for any impending sale of the business, change in composition and/or change of proprietors, partners or officers. Said notification must be directed to our credit manager. This information is given in confidence for the sole purpose of establishing an account with Hayan Food Distribution Corp. Authorization is hereby given to make inquiry of all my/our trade and financial references. The undersigned hereby authorize(s) Hayan Food Distribution Corp. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consent consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C @ 1681 et seq. The undersigned agrees that this Agreement shall be governed by the laws of the State of New York and any dispute regarding this Agreement shall be exclusively venued in the Supreme Court of the State of New York, Kings County or the District Court of the County of Kings, State of New York and the parties hereby submit to the sole and exclusive jurisdiction of such courts in connection with any such action or proceeding.

\_\_\_\_\_  
**Corporate Name**

**Date:** \_\_\_\_\_

**Signature by** \_\_\_\_\_

**Please Print** \_\_\_\_\_

The undersigned unconditionally, jointly and severally guarantee(s) payment to Hayan Food Distribution Corp. including any and all service charges, collection costs and attorney's fees incurred as specified above, without prior notice or demand for all amounts heretofore or hereafter owned to Hayan including renewals and extensions of credit granted. This guarantee will cover all sales whether or not the terms requested are C.O.D. The undersigned hereby consent(s) Hayan Food Distribution Corp. use of a non-business consumer credit report on the undersigned as principal(s), proprietor(s) and/or guarantor(s) in connection with the extension of business credit as contemplated by this credit application. The undersigned hereby authorize(s) Hayan Food Distribution Corp. to utilize a consumer credit report on the undersigned from time to time in connection with the extension or continuation of the business credit represented by this credit application. The undersigned as (an) individual(s) hereby knowingly consent to the use of such credit report consent consistent with the Federal Fair Credit Reporting Act as contained in 15 U.S.C @ 1681 et seq. The undersigned agrees that this Guaranty shall be governed by the laws of the State of New York and any dispute regarding this Agreement shall be exclusively venued in the Supreme Court of the State of New York, Kings County or the District Court of the County of Kings, State of New York and the parties hereby submit to the sole and exclusive jurisdiction of such courts in connection with any such action or proceeding.

SIGNATURE

SIGNATURE

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Hayan Rep. or Notary

\_\_\_\_\_  
Hayan Rep. or Notary

## TRADE REFERENCES

**PLEASE LIST THREE (3) MAIN FOOD SUPPLIERS: ADDRESSES & TELEPHONE NUMBERS REQUIRED  
MUST HAVE ALL INFORMATION COMPLETED \* BEER & LIQUOR SUPPLIERS NOT ACCEPTABLE \***

1) \_\_\_\_\_ A/C# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

2) \_\_\_\_\_ A/C# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

3) \_\_\_\_\_ A/C# \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE \_\_\_\_\_ CONTACT \_\_\_\_\_

---

### FOR OFFICE & SALES REP USE ONLY

APPLICATION APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

TERMS: \_\_\_\_\_

TERMS REQUESTED: \_\_\_\_\_ CUSTOMER CLASS: \_\_\_\_\_

SALES REP: \_\_\_\_\_