

NAPOLI FOODS, INC.

10 Knotter Drive, Cheshire, CT 06410
Tel (860) 276-4000 Fax (860) 276-4040
www.napolifoodsinc.com

Thank you for your interest in NAPOLI FOODS.

To set up an account, please complete, sign, and return the attached Account Setup form and the Sales & Use Tax ID form.

Please return the signed, completed forms to the address above. In the interest of time, we would be happy to begin processing your application immediately, if you would fax us the application before mailing it. Our fax number is (860) 276-4040.

For assistance in completing the forms, please feel free to call our Credit Department at (860) 276-4000, extension 211.

Thank you for the opportunity to serve all your food, paper, and cleaning supply needs.

Sincerely,



Franco Castellano
Supervisor, Credit Department
franco@napolifoodsinc.com



NAPOLI FOODS, INC.

Account Setup Form

10 Knotter Drive, Cheshire, CT 06410
 Phone: (860) 276-4000 Fax: (860) 276-4040

I. General Information

Trade Name or DBA			Corporate Name	
Ship-To Address			Contact (Manager, Chef)	E-mail
City	State	ZIP	Phone #	Fax #
State Sales & Use Tax #			Federal EIN	
Bookkeeper Name		Email Address	Phone #	Fax #
Company Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Date of Incorporation	State Incorporated in
Location Type:	<input type="checkbox"/> Rent <input type="checkbox"/> Own	<input type="checkbox"/> Lease	Name of Banking Institution	Account #
Business Type:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Retail Store	<input type="checkbox"/> Pizzeria <input type="checkbox"/> Deli	<input type="checkbox"/> Distributor <input type="checkbox"/> Foodservice Oper.	Hours of Operation (Open - Close) Napoli Foods Account Representative

II. Name Owners

For Partnership: Name All Partners. For Corporation, Name President and Treasurer.

Name	Title	Date of Birth	Social Security #	Driver's License #
Home Address				
			Location Type:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease
City	State	ZIP	Home Phone #	Cell Phone #

II. Name Owners (continued)

Name	Title	Date of Birth	Social Security #	Driver's License #
Home Address				
			Location Type:	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Lease
City	State	ZIP	Home Phone #	Cell Phone #

IV. Trade References

Name	Address	Account #	Terms	Phone #

V. Terms

Applicant's signature attests to financial responsibility, ability, and willingness to pay our invoices in accordance with the following terms:

1. I/We authorize all banking and trade references to release information to Napoli Foods, Inc. for its confidential use.
2. I/We agree to notify Napoli Foods, Inc. immediately of any change of ownership.
3. All product returns must be authorized and all shorts must be notified within twenty four (24) hours of delivery.
4. All returned checks are subject to a service charge.
5. Standard credit terms are seven (7) days from date of purchase.
6. All invoices will be paid according to our stated terms, otherwise they will be considered delinquent and may be placed for collection.
7. If this account is becomes delinquent, I acknowledge and agree to pay all collection costs, attorneys' fees, court expenses, and interest charges of 1.5% per month, which corresponds to an annual interest rate of 18%.

In consideration of Napoli Foods, Inc. (Seller) selling goods, wares, and merchandise upon credit or allowing additional time for payment on the present indebtedness, I hereby personally guarantee payment of any and all obligations incurred and agree to personally pay the said obligations, in accordance with the terms between the parties, in the event of default.

_____ x _____
 Owners' Names (Please Print) Owners' Signatures Date

_____ x _____
 Owners' Names (Please Print) Owners' Signatures Date



STATE OF CONNECTICUT
DEPARTMENT OF REVENUE SERVICES

SALES & USE TAX RESALE CERTIFICATE

Issued to (Seller)

Address

NAPOLI FOODS, INC.

BLANKET CERTIFICATE

10 KNOTTER DRIVE CHESHIRE, CT 06410

I certify that Name of Firm (Buyer)

is engaged as a registered

Street Address or P.O. Box No.

City

State

Zip

- () Wholesaler
- () Retailer
- () Manufacturer
- () Lessor
- () Other (specify)

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of our business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

City or state

State Registration
or I.D. No.

City or State

State Registration
or I.D. No.

I further certify that if any property so purchased tax free is used or consumed by the firm as to make it subject to a sales or use tax we will pay the tax due direct to the proper taxing authority when state law so provides or inform the seller for added tax billing. This certificate shall be part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until cancelled by us in writing or revoked by the city or state.

General description of products to be purchased from the seller:

I declare under the penalties of false statement that this certificate has been examined by me and to the best of my knowledge and belief is a true, correct and complete certificate.

Authorized Signature

(Owner, Partner or Corporate Officer)

Title

Date