

Strickland's Portion Pak, Inc.

P.O. Box 20102 - 2016 Sapona Rd.

Fayetteville, NC 28312

910-483-6788

(fax) 910-483-5851

Application for Credit

Name of Account: _____ Tel.: _____

Address: _____

Owner (s) 1. Name _____ Tel _____

St. Address _____

2. Name _____ Tel _____

St. Address _____

3. Name _____ Tel _____

St/ Address _____

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References:

Bank _____ Address _____ Tel. _____

Acct. # _____, _____, Contact _____

Trade References :

1. Name _____ Tel. _____

Address _____

2. Name _____ Tel. _____

Address _____

3. Name _____ Tel. _____

Address _____

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Subject to the approval of the applicant for credit by Strickland's Portion Pak, Inc., the applicant agrees to the following:

1. All invoices are considered past due after the fifteenth of the month following the date of purchase. Any invoices not paid by this time may have interest of up to 1.5% per month added to the balance due.

2. Applicant agrees to pay all costs and expenses Strickland's Portion Pak, Inc. may incur (Including attorney's fees and collection costs) by reason of failure by applicant to perform with the terms and conditions of this agreement.

By signing this application below, the undersigned certifies that the information provided on this form is true and accurate, and the applicant authorizes Strickland's Portion Pak, Inc. to check the bank and trade references listed above.

(signature)

(print name)

(title)

(date)