



Oahu:

716 Umi Street
Honolulu, HI 96819
Phone: 843-3200 Fax: 843-3201

Morrad Maui:

920 Eha Street
Wailuku, HI 96793
Phone: 808-877-2017 Fax: 808-249-9761

CREDIT INFORMATION FORM

Firm Name _____

DBA Name, if any _____

Shipping Address _____

City _____ State _____ Zip Code _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone No. _____ Fax No. _____

Hawaii I.D. No. _____

Federal I.D. No. _____

Branches _____

Officers and Titles:

If corporation:

Date of incorporation _____ Principal Stockholder _____

Incorporated under laws in which State? _____

If partnership or sole ownership, name of partners or owners with home address and home phone number:

Type of business _____

Names and Social Security Nos. of persons authorized to place credit orders with HFM:

Rate of General Excise Tax to be applied on purchases _____

Is the business currently a party to any lawsuit? Yes No

Date business was started under present ownership _____

If business has been owned by others, names of previous owner(s) and business:

Check one:

Corporation

Partnership

Sole Ownership

Government

Non Profit (Explain):

Est Weekly Purchase _____

Terms: 7 14 COD

DSR # _____

Pricing _____

Name and Address of your Primary Bank_____

Acct. #_____

Telephone Number_____ Contact person_____

Give references from whom you have obtained credit for a period of 6 months or more and preferably other food service companies (Name, address, city, state, zip code, telephone no. and fax no.):

Please provide us with your Accounts Payable information:

Contact name_____

Telephone no._____ Cell no._____ Fax no._____

Email address_____

UNDERSTANDING AND AGREEMENT

I (we) understand and agree that this Credit Information may be referred to a credit agency for analysis, and that if goods are sold to me (us) by HFM and credit is extended, I (we) further understand and agree that such sale of goods and extension of credit shall be subjected to and in consideration of the following terms and conditions:

1. HFM shall establish the initial terms of credit extension. HFM may adjust the terms on any further sale as it deems appropriate in the circumstances. I (we) shall pay the amount or amounts due, as evidenced by the account, in accordance with such terms.
2. If any amounts are not paid within the terms allowed in Paragraph 1 above, they will be considered delinquent. A late charge will be assessed on all delinquent amounts. I (we) agree that it would be economically impracticable, difficult, and inconvenient for HFM to be required to prove its actual losses resulting from any delinquency, and therefore agree that the late charge may be assessed at the reasonable rate of 1-1/2 per cent per month, from and after the first day of the delinquency.
3. To secure the firm's payment of all debts to HFM now existing or hereafter incurred, the firm grants HFM a security interest in its inventory, equipment, fixtures, receivables, general intangibles, and the proceeds thereof. HFM is appointed the firm's attorney-in-fact to sign and file a UCC-1 financing statement in the event any amounts due to HFM become delinquent. I (we) agree to cooperate with HFM in the filing of any UCC-1 by promptly signing such statement as the debtor upon presentation by HFM. When the firm brings its account current and remains current for 90 days, HFM will promptly file a "Release" of its financing statement.
4. In the event of delinquency and my (our) account is placed in the hands of a licensed collector or attorney for collection, I (we) agree to pay a reasonable collector's or attorney's fee, in addition to the amount of the delinquent account and late charges.
5. In the event of delinquency, discounts will not be allowed on current purchases despite the fact that discount terms may continue to be cited on the invoices relating to those purchases.

I hereby certify that the above statements are true and complete and are made for the purpose of obtaining credit, and I personally guarantee payment of the company's obligation to HFM.

Date_____ Firm name_____

Authorized signature_____ Title_____

Owner, Officer, or Partner

Print Name_____