36901 32 Mile Road
P.O. Box 88
Richmond, Michigan 48062
(586) 727-3535 FAX (586) 727-5167

Account Name _____ EIN # _____

Address _____ City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Type of Ownership: ( ) Sole Prop. ( ) Partnership ( ) Corporation ( ) LLC

Owners Name _____ Home Telephone _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

If Corporation or Partnership - Names & Telephone Numbers of Partners:

_____ _____

_____ _____

How Long in Business _____ Type: ( ) Retail Grocery ( ) HRI ( ) Restaurant

Date _____ Salesman _____

Payment Terms as printed on invoices

In consideration of the credit extended to _____, I _____ owner of said company, hereby personally guaranty any and all amounts owed to Weeks Food Corporation.

X By: _____ Date: _____

Signature: _____

OR

I waive my privilege of having credit extended to _____, by Weeks Food Corporation and agree to pay for all products on a C.O.D. basis. I personally guarantee any and all amounts owed to Weeks Food Corporation.

X By: _____ Date: _____

Signature: _____

FIRST ORDER IS C.O.D. CASH or COMPANY Check

Payments Made by ( ) ACH ( ) Mail ( ) Pick up at Location Are Statements Required Yes / No

Payment Contact X_____ Tel # X_____ e-mail X_____

X Owner Signature _____ Date: _____

TRADE REFERENCES (Local Suppliers Please)

Company _____ Telephone _____

Company _____ Telephone _____

BANK REFERENCE

Bank Name: _____ Telephone _____

City _____ Bank Contact Name _____