



SUN HING FOODS, INC.

271 Harbor Way
South San Francisco, CA 94080

Since 1981 TEL: 650.583.8188 FAX: 650.583.8187

ACCOUNT OPENING APPLICATION

THIS CONFIDENTIAL REPORT MUST BE COMPLETED ALL PARTS BY ANY NEW CUSTOMER, IN THE EVENT OF CHANGE OF OWNERSHIP OR CHANGE OF FIRM NAME AND PLEASE NOTIFY OUR CREDIT DEPARTMENT AT ONCE.

TERMS OF SALES: AS QUOTED

COMPANY NAME _____ PHONE # _____

DBA _____ FAX # _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

DELIVERY ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOW IS BUSINESS CLASSIFIED

FEDERAL I. D. NUMBER _____ SELLER'S PERMIT NUMBER _____ SOLE PROPRIETORSHIP

BUSINESS LICENSE _____ DATE BUSINESS ESTABLISHED _____ PARTNERSHIP

CORPORATION

NAME OF OWNER/ OFFICER AND TITLE _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE NUMBER (____) _____ SOCIAL SECURITY No. _____

BANK REFERENCE

BANK NAME _____ ACCOUNT NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER (____) _____ FAX NUMBER (____) _____

THREE TRADE REFERENCES PLEASE LIST REFERENCES WITH WHOM YOU HAVE CREDIT HISTORY

COMPANY NAME _____ COMPANY NAME _____ COMPANY NAME _____

ADDRESS _____ ADDRESS _____ ADDRESS _____

CITY, STATE, ZIP _____ CITY, STATE, ZIP _____ CITY, STATE, ZIP _____

PHONE NUMBER (____) _____ PHONE NUMBER (____) _____ PHONE NUMBER (____) _____

FAX NUMBER (____) _____ FAX NUMBER (____) _____ FAX NUMBER (____) _____

ACCOUNT NUMBER _____ ACCOUNT NUMBER _____ ACCOUNT NUMBER _____

NAME OF PERSON REGARDING PAYMENT

NAME _____ PHONE NUMBER (____) _____

DO BILLINGS REQUIRE SPECIAL HANDLING OR MAILING ?

IF YES, GIVE SPECIFIC INSTRUCTIONS _____

OFFICE USE ONLY

DATE REC'D _____

LOGGED IN _____

CUSTOMER KEY _____

SALESMAN _____

THE ABOVE CONFIDENTIAL INFORMATION IS SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT WITH SUN HING FOODS. YOU ARE AUTHORIZED TO CHECK OUR CREDIT AND TO RECEIVE INFORMATION REGARDING OUR CREDIT AND BANKING EXPERIENCE. I CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT AND I ACCEPT THE TERMS OF SALES AS STATED ABOVE.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE _____
(OWNER/OFFICER)

NAME & TITLE _____
(PLEASE PRINT)

DATE _____

TERMS AND CONDITIONS OF SALES: A \$20.00 SERVICE FEE WILL BE CHARGED FOR EACH RETURNED CHECK. INTEREST CHARGES OF 1.5% PER MONTH (18% PER YEAR) WILL BE APPLIED TO PAST DUE ACCOUNTS.