

National Restaurant Association Solutions LLC CREDIT APPLICATION

Terms and Conditions of All Agreements:

There is a minimum of \$1,000 per order to obtain a line of credit and an annual purchase requirement of \$5,000 to maintain the line of credit. Each account will be monitored one year from inception. All accounts that do not meet the annual purchase requirements will return to a PREPAY status.

All payments on account are due within 30 days from the date of the invoice.

A finance charge of 1.5% per month (18% APR) may be added to your account for balances extending beyond the 30-day period.

If applicant(s) do not comply with **any** of these terms and conditions of this credit application, applicant agrees to pay all agency fees, attorney fees and court costs incurred by the National Restaurant Association Solutions LLC in pursuit of the uncollected account balance. The National Restaurant Association Solutions LLC reserves the right to report all past due account(s) to any credit service of their choice. The laws of the State of Illinois shall govern all disputes between applicant(s) and the National Restaurant Association Solutions LLC that are not resolved internally.

The undersigned individual authorizes the National Restaurant Association Solutions LLC to contact trade references and obtain any or all credit bureaus and report agencies. The Applicant(s) may be required to supply additional information in order to determine credit worthiness. This application does not obligate the individual that signs to personally guarantee the credit account. If an applicant is applying for an account with separate billing addresses within a franchise or chain you must supply a *Corporate Guarantee of Payment* along with this application. Each account is responsible for all applicable sales tax. However, if your company has a *Sales Tax Exemption* certificate, please submit it along with this application.

I **fully** understand the National Restaurant Association Solutions LLC credit and collections policy and will abide **by their** terms and conditions.

COMPANY NAME _____

SIGNATURE OF APPLICANT _____ JOB TITLE _____

EXACT BUSINESS NAME _____ DUNNS NUMBER _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT NAME _____

PHONE _____ FAX _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT NAME _____

PHONE _____ FAX _____ EMAIL _____

SHIPPING ADDRESS _____

LENGTH OF TIME IN BUSINESS / NATURE OF BUSINESS / NUMBER OF EMPLOYEES / TAX STATUS

FEIN # _____ ARE PURCHASE ORDERS REQUIRED? YES NO

AUTHORIZED PARTIES: _____ TITLE: _____

_____ TITLE: _____

BANK NAME: _____ TYPE OF ACCOUNT: _____

BANK ADDRESS: _____ ACCOUNT # _____

BANK CONTACT: _____ PHONE _____

Trade References with similar credit levels as requested:

NAME OF FIRM _____ CONTACT _____ PHONE _____

NAME OF FIRM _____ CONTACT _____ PHONE _____

NAME OF FIRM _____ CONTACT _____ PHONE _____

Submit Completed Form to: National Restaurant Association Solutions, LLC, 175 W. Jackson Blvd., Ste. 1500,
Chicago, Illinois 60604, Fax (312) 583-9707 Attn: Credit Manager twoods@restaurant.org