

NOURHAN GROUP NEW ACCOUNT APPLICATION FORM

Please fill form clear as possible to expedite process and feel free to call us for any questions or assistance whatsoever at 732-381-8110 or email us at info@nourhan.com

PLEASE NOTE FIELDS WITH (*) MANDATORY

| *Date | *Type of Seller | | | | | |
|----------------------------------|----------------------|-----------|---|-------------|------------------------|------------|
| | Retailer Supermarket | | RRY UWHOLESALER | DISTRIBUTOR | | OTHER TYPE |
| COMPANY INFORMATION | | | | | | |
| *Company Legal Name (Required) | | | *Year Established Duns No.(If availat | | Duns No.(If available) | |
| *Trade Name (if different) | | | low many locations | * | * Resale No. (tax id) | |
| *City | *State | *Zip | | *State Inc | orporated | |
| *President's and/owner's name | *Direct Phone | | Cell Phone | E | mail | |
| *Buyers Name (Required) | *Direct Phone | | Cell Phone | | Email | |
| *Accounts Payable Name(required) | *Direct Phone | | Cell Phone | | Email | |
| *How did you hear about us? | | | *Any particular item of Immediate interest? | | | |
| | | BANKING I | NFORMATION | | | |
| *Bank Name | | | *Checking Account No. | | | |
| Address City, State, Zip | | | Savings Account No. | | | |
| TRADE REFERENCES | | | | | | |
| *1. Company Name | | | 2. Company Name | | | |
| Address, City, State, Zip | | | Address, City, State, Zip | | | |
| Contact Name | Telephone | C | Contact Name | Π | elephone | |
| Email | Fax | E | mail | F | ax | |

DEFAULT AGREEMENT: The above information is for the purpose of obtaining a line of credit and is warranted to be true. I/We hereby authorize Nourhan Trading Group LLC or any of its subsidiaries to investigate the references listed pertaining to my/our credit and financial responsibility, and authorize my/our bank to release the information requested in conjunction with establishing this line of credit. I/We further attest financial responsibility, ability and willingness to pay invoices according to the terms of sale. In the event payment is not made, I/we will pay all reasonable costs of collection including all reasonable attorney's fees and court costs.

Authorized Applicant's Signature

Date:

Χ_

Title:

Any comments or queries (Enter Here)

X____ Print name

Χ-

Return the completed and signed form to; email; info@nourhan.com OR Fax; 732-381-8108