

TEL-800-642-6124 978-948-7276 FAX: 978-948-6181
23 TURCOTTE MEMORIAL DRIVE, ROWLEY, MA 01969
www.jstoneandson.com



DIAMOND FOOD & PAPER PRODUCTS, INC.



CUSTOM PACKAGING • ICE CREAM & CONFECTIONERY INGREDIENTS

Quality and Innovation Since 1915
Specialists in Custom Packaging for the Food Service Industry

APPLICATION FOR CREDIT

(Required to complete and sign before credit will be extended)

(PLEASE PRINT)
CORPORATE NAME: _____ DBA _____
STREET: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____

CUSTOMER # _____

BILLING ADDRESS (IF DIFFERENT FROM ABOVE):
STREET OR P.O. BOX: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____
TYPE OF BUSINESS: _____ CORPORATION: _____ PARTNERSHIP: _____ PROPRIETORSHIP: _____

OFFICERS OF CORPORATION OR OWNER(S) OF BUSINESS:
NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____

----- (Fold Here) -----
NAME: _____
HOME ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____

DATE BUSINESS STARTED: _____ **HOW LONG AT THIS LOCATION:** _____
WILL PAYMENT BE MADE FROM THIS LOCATION? IF NOT, WHERE? _____

BUILDING: OWNED _____ LEASED _____ LENGTH OF LEASE _____ NAME OF PERSON/CORP. HOLDING LEASE: _____

BANK REFERENCE:
BANK NAME: _____ BRANCH: _____ ACCOUNT #: _____
ACCOUNT LISTED UNDER: _____ BANK OFFICIAL: _____

TRADE REFERENCES (IMPORTANT TO PROVIDE REFERENCES IN THE FOOD INDUSTRY):
NAME: _____
CITY: _____
STATE: _____ ZIP: _____
TELEPHONE: () _____
NAME: _____
CITY: _____
STATE: _____ ZIP: _____
TELEPHONE: () _____
NAME: _____
CITY: _____
STATE: _____ ZIP: _____
TELEPHONE: () _____

----- (Fold Here) -----
If credit is granted, I agree that I will immediately notify you of any changes in our business structure from that shown above. I understand that all invoices will be paid by due date or pay a finance charge as indicated either on the invoice or our statement. In consideration of benefits accruing to me, I guarantee payment of all correct charges to the business and if for any reason the account is not paid when due I will, if collection is required, pay a reasonable attorney fee or if this account is placed in the hands of a collection agency, I (we) will acknowledge that you will be damaged thereby to the extent of the collection charge against you and I (we) therefore agree to pay to you, as liquidated damages, an amount equal to amount charged you on said collection by said collection agent, not exceeding, however, fifty percent of the amount unpaid thereon.

To induce you to sell merchandise and extend credit upon an open account to the applicant named hereof, I hereby personally and unconditionally guarantee the payment of any indebtedness which may from this date forward or at any time from time to time thereafter be owed you by the said applicant.

I understand that in consideration for and in reliance on this personal guarantee you will sell merchandise and extend credit upon an open account to the applicant.

In return for the above stated consideration I acknowledge that this personal guarantee of credit is binding upon me as an individual and I design this personal guarantee of credit as an individual and not in any representative capacity.

All prior notice of default and demand for payment are hereby waived.

This guarantee shall continue in full force and effect until such time as I give you a written notice of revocation by registered mail. Such notice of revocation shall be void once all amounts owing to J.Stone/Diamond Foods are paid including any transaction or commitment previously undertaken by you in reliance upon this guarantee.

This document constitutes the entire agreement between the undersigned and the creditor and I acknowledge that no person has made any representations or promises to me in conflict with the above provisions.

Applicant, whose signature appears hereafter, warrants that all of the above information is true and correct and that the same is given for the purpose of establishing credit and that the seller herein if granting credit is relying completely on such information. We understand these terms and agree to meet if credit is extended.

Date: _____
Signature (Owner or Corporate Officer Only) _____