



J. Hellman Frozen Foods Inc.

P.O. Box 86267
Los Angeles CA 90086
(213) 243-9105
Fax (213)243-9119

APPLICATION FOR ADVANCE CHECK APPROVAL

COMPANY / TELEPHONE / _____
COMPANIA TELEFONO _____

PERSONAL / PERSONAL _____
ADDRESS / DIRECCION _____

STATE OF CALIFORNIA P.A.C.A. LICENSE #
BUREAU OF MARKET ENFORCEMENT # NUMERO DE LICENSIA P.A.C.A _____

NUMBER OF YEARS ESTABLISHED
NUMRO DE ANOS ESTABLECIDO _____

TYPE OF BUSINESS: PROPRIETORSHIP PARTNERSHIP CORPORATION
TIPO DE NEGOCIO : PROPIETARIO SOCIEDAD CORPORACION _____

NAMES OF OWNERS / OFFICERS TELEPHONE
NOMBRES DE DUENOS TELEFONO _____

ADDRESS
DOMICILIO _____

SOCIAL SECURITY #'S DRIVERS LICENSE #'S
NUMERO DE SEGURO SOCIAL NUMERO DE LICENCIA _____

BANK BANK ADDRESS _____

ACCOUNT # _____

NAMES OF OWNERS / OFFICERS TELEPHONE
NOMBRES DE DUENOS TELEFONO _____

ADDRESS
DOMICILIO _____

SOCIAL SECURITY #'S DRIVERS LICENSE #'S
NUMERO DE SEGURO SOCIAL NUMERO DE LICENCIA _____

TRADE REFERENCES, WITH PHONE NUMBERS
REFERENCIAS, CON NUMERO DE TELEFONO

- | | |
|-----------|-----------|
| 1.) _____ | 3.) _____ |
| _____ | _____ |
| 2.) _____ | 4.) _____ |
| _____ | _____ |
| _____ | _____ |

THE UNDERSIGNED MAKES THIS APPLICATION TO **J.HELLMAN FROZEN FOODS, INC.** FOR EXTENSION OF CREDIT. THE APPLICATION UNDERSTANDS THE INFORMATION FURNISHED IN THIS APPLICATION WILL FORM BASIS FOR CHECK APPROVAL, AND ACCORDINGLY WARRANTS THAT THE INFORMATION IS TRUE, CORRECT AND CURRENT. THE APPLICATION AGREES TO ABIDE BY THE TERMS AND CONDITIONS SET FORTH BY **J. HELLMAN FROZEN FOODS, INC.** AND TO REIMBURSE **J.HELLMAN FROZEN FOODS, INC.** FOR REASONABLE ATTORNEY'S FEES, COURT COSTS, AND COLLECTJON COSTS INCURRED BY **J.HELLMAN FROZEN FOODS, INC.,** RESULTING FROM BREACH OF THE TERMS AND CONDITIONS OF SALE AND CREDIT EXTENDED WITH PRODUCE SOLD TO THE APPLICANT.

SIGNED / FIRMA PRINT NAME TITLE / TITULO DATE / FECHA

****PLEASE ATTACH A COPY OF DRIVERS LICENSE****



J. HELLMAN FROZEN FOODS, INC.

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Los Angeles, CA 90086

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Frozen

FINANCIAL REFERENCE RE: _____

Fax: _____

Name of Financial Institution: _____ Telephone: _____

Address: _____ City: _____ State/Zip: _____

Account Type: Checking Savings Loan Other

Account Number: _____

For Bank/Institution Use

Date Account Opened: _____

Average Monthly Balance: _____

Current Account Balance: _____

For the consideration of commercial credit from J. Hellman Frozen, Inc., I hereby authorize our banking institution, credit reporting agencies, vendors and suppliers to release company and / or personal credit information from a copy of this original form.

Printed Applicant's Name: _____

Applicant's Signature: _____

Date: ___ / ___ / _____