

SAVONA FOODS LLC/T/A SAVONA-STAVOLA FOOD SERVICE — NEW ACCOUNT APPLICATION

66 FRIARS BLVD. P.O. BOX 399, THOROFARE, NJ 08086-0399
Phone: 856-853-6000 • Fax: 856-853-6190 • www.SavonaStavola.com

GENERAL INFORMATION

NAME/CORPORATE NAME _____
T/A — TRADE NAME _____
STREET ADDRESS _____
CITY, STATE, ZIP _____
PHONE NUMBER _____

BUSINESS INFORMATION

CORPORATION? Y _____ N _____
PARTNERSHIP? Y _____ N _____
PROPRIETORSHIP Y _____ N _____
YEAR STARTED? _____
TAX ID #? _____

PERSONAL INFORMATION (Complete for all partners, corp. officers. Use add'l sheet if necessary)

NAME _____ SOCIAL SEC. # _____
HOME STREET ADDRESS _____ DRIVER'S LIC. # _____
HOME CITY, STATE, ZIP _____ HOME # () _____ CELL # () _____
NAME _____ SOCIAL SEC. # _____
HOME STREET ADDRESS _____ DRIVER'S LIC. # _____
HOME CITY, STATE, ZIP _____ HOME # () _____ CELL # () _____

LANDLORD/MORTGAGE

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE # _____
ACCT. # _____

CREDIT CARD ACCOUNT

CREDIT CARD _____ VISA _____ MASTERCARD _____
ACCOUNT # _____ EXPIRATION DATE _____
CARDHOLDER NAME _____ CODE: _____

CARDHOLDER SIGNATURE The above signed cardholder authorizes Savona-Stavola Food Service to charge the above account when notified by facsimile from cardholder to Savona-Stavola Food Service.

BANK REFERENCE

NAME _____ ACCOUNT # _____
ADDRESS _____ DATE OPENED _____
CITY, STATE, ZIP _____ OFFICER _____
PHONE # _____ FAX # _____

CREDIT AGREEMENT (PLEASE SIGN AT THE X)

We hereby make application to receive credit from Savona-Stavola Food Service. If credit is granted, we agree to pay all bills within the stated terms of sale. We agree to pay a service charge of \$40.00 for any checks returned from our bank unpaid for any reason. Additionally, we understand that a service charge may be assessed on any unpaid balance equal to 1.5% per month on the unpaid balance. Should collection action be taken to secure payment for merchandise received, we will be liable for all expenses, including collection, or attorney's fees incurred by Savona-Stavola Food Service. We agree not to transfer or assign this agreement without prior written consent of Savona-Stavola Food Service.

This information is given in confidence for the sole purpose of establishing credit with Savona-Stavola Food Service. Authorization is hereby given to make inquiry of all trade and financial sources which are deemed to be necessary by Savona-Stavola Food Service to properly evaluate this application. This application must be signed and filled out completely before credit will be considered.

X _____ X _____ DATE _____
OWNER/PARTNER/CORPORATE OFFICER OWNER/PARTNER/CORPORATE OFFICER

GUARANTY (PLEASE SIGN AT THE X)

For valuable consideration, the undersigned, hereby personally guarantees unconditionally the payment on demand of all liabilities, indebtedness and obligations, whether arising heretofore or hereafter, of the applicant listed above (hereinafter the "debtor") its successors and assigns, to Savona-Stavola Food Service, its successors and assigns.

The undersigned shall be primarily liable for the indebtedness. This is a guaranty of payment, not of collection. This guaranty shall be enforceable by Savona-Stavola Food Service without the prior resort to any demands, possessory remedies or proceedings for collection of any nature against the debtor or any other person or entity, or any property of the debtor or any other person or entity. Liability of the undersigned shall not be effected by any extension, compromise, modification, release or discharge of any of the indebtedness, whether by operation of law or otherwise, or by any change in form of the indebtedness, or by any modification of the terms of sale made by the parties thereto, or by the release, substitution or addition of another guarantor of the indebtedness. Notice of the acceptance of this guaranty, notices of demand, protest, non-payment, non-performance and notice of the amount of the indebtedness outstanding at any time are expressly waived. Nothing in the guaranty shall in any way diminish or alter the indebtedness, or effect the rights of Savona-Stavola Food Service against the debtor.

This guaranty is a continuing guaranty and shall remain in full force and effect irrespective of any interruptions in the business relationship between Savona-Stavola Food Service and the debtor. Savona-Stavola Food Service shall be entitled to recover from the undersigned all costs incurred in connection with the enforcement of this guaranty, including but not limited to reasonable attorneys fees and costs or collection fees and costs. This guaranty is and shall be deemed to be a contract entered into pursuant to the laws of the State of New Jersey and shall be governed by New Jersey law. Wherever possible, each provision of this guaranty shall be interpreted in such a manner as to be effective and valid under New Jersey law. If any provision hereof shall be prohibited by or be held invalid under such law, such provision shall be ineffective to the extent such prohibition or invalidity, without invalidating the remainder of such provision for the remaining provisions hereof. In the event this guaranty is to be signed by more than one person or entity, each of the undersigned shall be jointly and severally liable under this guaranty.

X _____ X _____
SIGNATURE OF GUARANTOR(S)/DATE SIGNATURE OF GUARANTOR(S)/DATE

PRINT NAME PRINT NAME

WITNESS/DATE WITNESS/DATE

State of New Jersey
DIVISION OF TAXATION

SALES TAX

FORM ST-4

ELIGIBLE NONREGISTERED
PURCHASER: SEE INSTRUCTIONS **

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER

EXEMPT USE CERTIFICATE

To be completed by purchaser and given to and retained by seller.
Please read and comply with the instructions given on both sides of this certificate.

TO SAVONA-STAVOLA FOOD SERVICE Date _____
(Name of Seller)

Address

City

State

Zip

The undersigned certifies that there is no requirement to pay the New Jersey Sales and/or Use Tax on the purchase or purchases covered by this Certificate because the tangible personal property or services purchased will be used for an exempt purpose under the Sales & Use Tax Act.

The tangible personal property or services will be used for the following exempt purpose:

The exemption on the sale of the tangible personal property or services to be used for the above described exempt purpose is provided in subsection N.J.S.A. 54:32B- [] (See reverse side for listing for principal exempt uses of tangible personal property or services and fill in the block with proper subsection citation).

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Exempt Use Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER _____ (as registered with the New Jersey Division of Taxation)

(Address of Purchaser)

By _____

(Signature of owner, partner, officer of corporation, etc.)

(Title)

ST-3 (4-08, R-11)

State of New Jersey
DIVISION OF TAXATION

SALES TAX
FORM ST-3

PURCHASER'S NEW JERSEY
TAXPAYER REGISTRATION NUMBER

The seller must collect the tax on a sale of taxable property or services unless the purchaser gives him a properly completed New Jersey exemption certificate.

RESALE CERTIFICATE

To be completed by purchaser and given to and retained by seller. See instructions on back.
Seller should read and comply with the instructions given on both sides of an exemption certificate.

TO SAVONA-STAVOLA FOOD SERVICE Date _____
(Name of Seller)

Address _____ City _____ State _____ Zip _____

The undersigned certifies that:

- (1) He holds a valid Certificate of Authority (number shown above) to collect State of New Jersey Sales and Use Tax.
- (2) He is principally engaged in the sale of (indicate nature of merchandise or service sold):
- (3) The merchandise or services being herein purchased are described as follows:
- (4) The merchandise described in (3) above is being purchased: *(check one or more of the blocks which apply)*
 - (a) For resale in its present form.
 - (b) For resale as converted into or as a component part of a product produced by the undersigned.
 - (c) For use in the performance of a taxable service on personal property, where the property which is the subject of this Certificate becomes part of the property being serviced or is later transferred to the purchaser of the service in conjunction with the performance of the service.
- (5) The services described in (3) above are being purchased: *(check the block which applies)*
 - (a) By a seller who will either collect the tax or will resell the services.
 - (b) To be performed on personal property held for sale.

I, the undersigned purchaser, have read and complied with the instructions and rules promulgated pursuant to the New Jersey Sales and Use Tax Act with respect to the use of the Resale Certificate, and it is my belief that the seller named herein is not required to collect the sales or use tax on the transaction or transactions covered by this Certificate. The undersigned purchaser hereby swears under the penalties for perjury and false swearing that all of the information shown in this Certificate is true.

NAME OF PURCHASER _____ (as registered with the New Jersey Division of Taxation)

(Address of Purchaser) _____

By _____
(Signature of owner, partner, officer of corporation, etc.) (Title)

PENNSYLVANIA EXEMPTION CERTIFICATE



pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF
BUSINESS TRUST FUND TAXES
PO BOX 280901
HARRISBURG, PA 17128-0901

CHECK ONE:

- STATE OR LOCAL SALES AND USE TAX
- STATE OR LOCAL HOTEL OCCUPANCY TAX
- PUBLIC TRANSPORTATION ASSISTANCE TAXES AND FEES (PTA)
- VEHICLE RENTAL TAX (VRT)

(Please Print or Type)

This form cannot be used to obtain a Sales Tax License Number, PTA License Number or Exempt Status.

**Read Instructions
On Reverse Carefully**

THIS FORM MAY BE PHOTOCOPIED - VOID UNLESS COMPLETE INFORMATION IS SUPPLIED

- CHECK ONE: PENNSYLVANIA TAX UNIT EXEMPTION CERTIFICATE (USE FOR ONE TRANSACTION)
 PENNSYLVANIA TAX BLANKET EXEMPTION CERTIFICATE (USE FOR MULTIPLE TRANSACTIONS)

Name of Seller, Vendor, or Lessor
SAVONA-STAVOLA FOOD SERVICE

Street	City	State	ZIP Code
66 FRIARS BLVD.	THOROFARE	NJ	08086

NOTE: Do not use this form for claiming an exemption on the registration of a vehicle. To claim an exemption from tax for a motor vehicle, trailer, semi-trailer or tractor with the PA Department of Transportation, Bureau of Motor Vehicles, use one of the following forms:

- FORM MV-1 Application for Certificate of Title (first time registrations)
- FORM MV-4ST Vehicle Sales and Use Tax Return/Application for Registration (other registrations)

Property and services purchased or leased using this certificate are exempt from tax because: (Select the appropriate paragraph from the back of this form, check the corresponding block below and insert information requested.)

- 1. Property or services will be used directly and predominately by purchaser in performing purchaser's operation of: _____
- 2. Purchaser is a/an: _____
- 3. Property will be resold under License Number _____ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 4. Purchaser is a/an: _____ holding Exemption Number _____
- 5. Property or services will be used directly and predominately by purchaser performing a public utility service.
 PA Public Utility Commission PUC Number _____ and/or US Department of Transportation MC/MX _____
- 6. Exempt wrapping supplies, License Number _____ (If purchaser does not have a PA Sales Tax License Number, include a statement under Number 7 explaining why a number is not required.)
- 7. Other _____
 (Explain in detail. Additional space on reverse side.)

I am authorized to execute this Certificate and claim this exemption. Misuse of this Certificate by seller, lessor, buyer, lessee, or their representative is punishable by fine and imprisonment.

Name of Purchaser or Lessee	Signature	EIN	Date
Street	City	State	ZIP Code

1. ACCEPTANCE AND VALIDITY:

For this certificate to be valid, the seller/lessor shall exercise good faith in accepting this certificate, which includes: (1) the certificate shall be completed properly; (2) the certificate shall be in the seller/lessor's possession within 60 days from the date of sale/lease; (3) the certificate does not contain information which is knowingly false; and (4) the property or service is consistent with the exemption to which the customer is entitled. For more information, refer to Exemption Certificates, Title 61 PA Code §32.2. An invalid certificate may subject the seller/lessor to the tax.

2. REPRODUCTION OF FORM:

This form may be reproduced but shall contain the same information as appears on this form.

3. RETENTION:

The seller or lessor must retain this certificate for at least four years from the date of the exempt sale to which the certificate applies.

DO NOT RETURN THIS FORM TO THE PA DEPARTMENT OF REVENUE.

4. EXEMPT ORGANIZATIONS:

This form may be used in conjunction with form REV-1715, Exempt Organization Declaration of Sales Tax Exemption, when a purchase of \$200 or more is made by an organization which is registered with the PA Department of Revenue as an exempt organization. These organizations are assigned an exemption number, beginning with the two digits 75 (example: 75-00000-0).