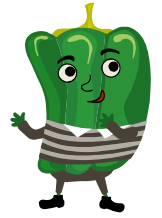


KAUAI GROWERS EXCHANGE CREDIT APPLICATION



PLEASE TYPE OR PRINT CLEARLY. FORM MUST BE FILLED OUT COMPLETELY. INCOMPLETE FORMS WILL NOT BE PROCESSED.

GENERAL INFORMATION

NAME OF BUSINESS _____

STREET ADDRESS _____

MAILING ADDRESS _____

PHONE _____ FAX _____

TYPE OF BUSINESS _____ PROPRIETER/PARTNERS _____

TYPE OF ORGANIZATION ___ CORPORATION ___ PROPRIETORSHIP ___ PARTNERSHIP

CORPORATION (CITY/STATE OF INCORPORATION) _____

PARENT COMPANY (IF A DIVISION/SUBSIDIARY) _____

FINANCIAL INFORMATION

ANNUAL SALES VOLUME _____ NET PROFIT/LOSS _____

CURRENT ASSETS _____ CURRENT LIABILITIES _____

WORKING CAPITAL _____ NET WORTH _____

NAME/BRANCH OF FINANCIAL INSTITUTION _____

ADDRESS _____

NAME OF ACCOUNT HOLDER(S) _____

ACCOUNT TYPE(S) ___ CHECKING ___ SAVINGS ___ LOAN

PLEASE ENCLOSE A COPY OF EITHER A CURRENT FINANCIAL STATEMENT OR ANNUAL REPORT

REFERENCES

PLEASE PROVIDE INFORMATION ON VENDORS EXTENDED WEEKLY/MONTHLY CREDIT ACCOUNTS.

VENDOR NAME _____ CONTACT _____

ADDRESS _____ PHONE _____

VENDOR NAME _____ CONTACT _____

ADDRESS _____ PHONE _____

VENDOR NAME _____ CONTACT _____

ADDRESS _____ PHONE _____

VENDOR NAME _____ CONTACT _____

ADDRESS _____ PHONE _____

KAUAI GROWERS EXCHANGE, INC. IS AUTHORIZED TO CONTACT ANY REFERENCES LISTED ABOVE. IT IS UNDERSTOOD THAT ANY INFORMATION SO OBTAINED WILL BE USED SOLELY FOR THE BASIS OF GAINING CREDIT.

SHOULD THIS APPLICATION BE APPROVED, I (WE) AGREE TO PAY FOR ALL GOODS PURCHASED UPON DELIVERY OF ORDER FOR SEVEN WORKING DAYS (C.O.D.)

SIGNATURE _____ **DATE** _____

CREDIT DEPARTMENT USE ONLY

CREDIT APPROVED: ___ YES ___ NO TERMS: _____

COMMENTS: _____

