



6211 South 380 West
Murray, UT 84107
801-263-3221 Fax 801-263-3229

Please complete the following form in its entirety. Incomplete applications may be returned unprocessed.

Please type or print legibly

Legal Business Name:

Business Name utilized (if different from above):

Billing Address:

Shipping Address:

Telephone Number: _____ Fax Number: _____

Contact for Accounts Payable: _____

A/P Telephone Number: _____ Fax: _____

Form of Entity:

Corporation Limited Liability Company Partnership Limited Partnership
 Sole Proprietorship DBA DBA of whom? _____ Other (describe)

Principle Business Activity: _____

Date Started: _____

How long in business under present ownership? _____ (Note: If the business is sold, acquired, is a party to a merger, or the form of the entity is changed, you must notify us in writing, by certified mail, within (7) days of such change.

Federal I.D. #: _____

Tax Exempt: Yes No Number: _____

If Yes, attached certificate must be completed.

Primary Principal's Information:

Name _____ Title _____

Home Address _____

Phone # _____ Birth Date _____ Social Security # _____

Is this business a subsidiary/affiliate of any other entity? Yes _____ No _____

If yes identify the entity (ies)

Are purchase orders required? Yes _____ No _____. If so, are only specific individuals authorized to issue purchase orders? Yes _____ No _____.

(Indicate yes only if your company is set up to manage "only authorized individual" situations.)

Names of persons authorized to issue purchase orders:

Please provide a copy of your most recent monthly/quarterly and annual financial statements and state whether your annual financial statements are audited by independent CPA's _____, reviewed by independent CPA's but un-audited _____, or prepared/reviewed only by customer _____.

Bank Name & Address: _____

Checking Account #: _____

Savings Account # _____

Officer to Contact: _____ Phone _____

Trade References:

Please List Company Name, Address, Contact Person, Phone and Fax Numbers.

Has this business or any predecessor in interest (general partners, if a general or limited partnership; owner, if a sole proprietorship) ever filed a petition in bankruptcy, been the subject of an involuntary petition in bankruptcy, or been the subject of a request for receivership? Yes _____ No _____ If so, when? _____ State in which filed: _____

TERMS & CONDITIONS OF OPEN ACCOUNT

(Please Read Carefully)

PAYMENT TERMS ON SERVICE AND PARTS SALES ARE NET 15 DAYS.

LaMonica's reserves its right in its sole discretion to cancel/reduce credit and refuse to make future credit sales. Customer agrees to review immediately upon receipt, each of LaMonica's invoices and advise LaMonica's of any discrepancy/dispute within 10 days of receipt of each such invoice, together with a written statement for any discrepancy/dispute. Failure to do so constitutes a waiver of any claim for such discrepancy/dispute. In the event any balance due is not paid timely, payments may be applied first to costs of collection, attorneys fees and interest and then to principle even though the invoices being paid are designated on the payment remittance.

In the event of default, the undersigned agrees to pay all costs of collection, including fees of any collection agency and attorneys fees whether hourly or contingent, together with costs of court and further agrees that any legal action brought hereunder may be brought in Salt Lake County, Utah. No terms or conditions hereof may be changed except by written consent of LaMonica's. All sums due for goods and/or services purchased, by, for, or on behalf of the undersigned are payable to LaMonica's Restaurant Equipment Service Co. 6211 South 380 West, Murray UT 84107. This Agreement shall be binding upon the successors and assigns of (Debtor) and regardless of any subsequent incorporation, reorganization, merger, consolidation of Debtor, change of partners, change of name or any other change in the composition of Debtor. The undersigned warrants that he/she has the authority to execute this Open Account Agreement for Debtor and to bind said company to the terms contained herein and further certifies that the information provided herein is true and correct. Customer further certifies that this request is for the extension of credit for business purposes. Debtor hereby accepts and agrees to the terms and conditions stated above including the payment terms. I/we hereby authorize you or your agent/representative to secure a credit report regarding Debtor from time to time in connection with the extension or continuation of credit represented by this Agreement or the collection of debts resulting there from. Debtor further agrees to the release of credit information, including the reporting of credit history to credit reporting agencies, consistent with the Fair Credit Reporting Act 15 U.S.C. §1681, et seq., as amended. This authorization shall be continuing without expiration. A photocopy or facsimile copy shall be given the same effect as the original.

SIGNATURE REQUIRED TO PROCESS

DATED this day of _____, _____ 20____.

By _____

Print Name _____

Title _____

Address

Phone _____ Fax _____ E-mail _____