



**600 Food Center Drive
Bronx NY 10474
Tel: 718-617-5500
Fax: 718-861-7643**

CREDIT APPLICATION

Bill to:	Ship to:												
Corp name:	Trade Name:												
Address:	Address:												
City:	City:												
State/Zip	State/Zip												
Tel:	Fax:												
Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>												
Fed ID#:	<table border="1"> <tr> <td colspan="2">Please indicate Business Type:</td> <td>OCS</td> <td></td> </tr> <tr> <td>ASI</td> <td></td> <td>Wholesaler</td> <td></td> </tr> <tr> <td>other</td> <td></td> <td>vendor</td> <td></td> </tr> </table>	Please indicate Business Type:		OCS		ASI		Wholesaler		other		vendor	
Please indicate Business Type:		OCS											
ASI		Wholesaler											
other		vendor											
Year Established:													
Owner:	Owner: (additional)												
Title:	Title:												
Address	Address												
City/State/ Zip	City/State/ Zip												
Home Tel #:	Home Tel #:												
Social sec#	Social sec#												

BANK REFERENCES

Bank name:	Contact:
Bank address:	Phone: Fax:
City:	State: ZIP Code:
Type of account	Account number

BUSINESS/TRADE REFERENCES

Company name:	
Address:	
Phone: Fax: Contact:	
Type of account:	Terms:
Company name:	
Address:	
Phone: Fax: Contact:	
Type of account:	Terms:
Company name:	
Address:	
Phone: Fax: Contact:	
Type of account:	Terms:

AGREEMENT	OFFICIAL USE ONLY
<p>1. All invoices are to be paid the credit terms allotted by Sultana Distribution Services from the date of the invoice.</p> <p>2. By submitting this application, you authorize Sultana Distribution Services. To make inquiries into the banking and business/trade references that you have supplied.</p>	Cc: RM Sales person: Rafael
	Account ID:
	Approved credit Limit:
	Terms:
	Approved By:
	Date:

SIGNATURES

Title: Date:	Title: Date:
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Cc: RM



600 food center drive
Bronx, NY 10474-7016
Tel: 718-617-5500
Toll free 877-617-5500
Fax 718-861-7643

Dear customer:

In order for us to expedite the processing of your credit application, we need authorization to release information to us from your bank and other trade references. Please sign and return this form as soon as possible.

I, _____ of _____
(Authorized Personnel) (Company name)

Located at _____
(Address)

Do hereby authorize the release of my credit information forthwith to Sultana Distribution Services, Inc.

Signed _____
(Authorized signature)

Date: _____

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	SULTANA DISTRIBUTION SERVICES 600 FOOD CENTER DRIVE HUNTS POINT, NY 10474
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
: : : :
OR
Employer identification number
: : : :

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,