

CHOYCE DISTRIBUTION, INC.

3140 Ualena Street, Suite 206

Honolulu, Hawaii 96819

Telephone No. (808) 839-1502

Facsimile No. (808) 839-1501

(Must be completely filled out, otherwise application will not be processed)

TO: Choyce Distribution, Inc.

DATE: _____

The following information is submitted for your consideration and upon which you may rely should you decide to make sales on terms other than cash to the undersigned:

Applicant

Name of account (trade name): _____

Delivery Address: _____

Billing Address: _____

Business Phone: _____ Fax No.: _____ Date business started: _____

Type of Business: _____

Federal I.D. No.: _____

Name of Responsible Managing Employee: _____

We operate as a: Corporation Partnership Limited Partnership Individual

Owners, partners or stockholders:

Name/Title	Social Security No.	Address	Percentage of Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of Bank: _____ Branch/Address: _____

Bank Account No.: _____

CREDIT REFERENCES

Company _____ Street Address _____
Contact _____ City/State/Zip Code _____

Company _____ Street Address _____
Contact _____ City/State/Zip Code _____

Company _____ Street Address _____
Contact _____ City/State/Zip Code _____

Company _____ Street Address _____
Contact _____ City/State/Zip Code _____

