

Tocco Food Co.

826 E. PRAIRIE
ST. LOUIS, MO 63107
P.O. BOX 1155
ARNOLD, MO 63010

PHONE
(314) 533-3336
FAX
(314) 533-5459

Personal Guaranty

For value received and to induce you to extend credit here under, the undersigned jointly and separately guarantee payment of any and all indebtedness which

_____ (hereinafter referred to as "The Company") has incurred or may incur in the performance of all obligations of The Company to Tocco Foods, LLC of St. Louis, MO. The liability of the undersigned shall not be affected by the amount of credit extended hereunder, by any change in the form of indebtedness, by note or otherwise, or by renewal or extension of said indebtedness. This guaranty shall be enforceable before or after any proceeding against The Company and shall be effective regardless of the solvency of the company, the subsequent incorporation or failure of incorporation, the assignment, transfer or sale of The Company or by any other change in the composition, nature, personnel, or location of the company. Should this matter be referred to an attorney for collection, the undersigned shall pay all expenses of collection and reasonable attorney's fees incurred by reason of default of The Company. This guaranty shall continue in full force and effect for thirty (30) days after such date of your receipt, by certified mail, of written notice, or revocation of the guaranty. Such revocation shall not relieve the undersigned of any liability for any indebtedness or obligation incurred prior to the expiration of thirty (30) days following the receipt of such notice.

_____ Date

_____ Guarantor's Signature

_____ Phone

_____-_____-_____- Social Security #

_____ Driver's License #

_____ Print Guarantor's Name

_____ Home Address

_____ Date

_____ Spouse's Signature

_____ Phone

_____-_____-_____- Social Security #

_____ Driver's License #

_____ Print Spouse's Name

_____ Home Address

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To: Prospective Customer
From: Tocco Foods Management

WELCOME!! and thank you for considering Tocco Foods as a distributor of the fine quality products you use in your establishment.

You have our assurance that the service and products you receive from Tocco Foods will be of the highest quality. Tocco Foods has been servicing the Metro St. Louis area for over twenty years and during that time SERVICE has been the top priority.

We hope you choose Tocco Foods as a distributor and let us add your facility to the list of satisfied customers.

Regards,

Pete Tocco

Peter Guiffrida

Anthony Tocco

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Credit Application

Date: _____

Customer Name: _____ DBA: _____

Address: _____

City, State, Zip: _____

Telephone: (____) _____ Fax Number: (____) _____

Length of time in business: _____

Principals:

Name: _____

Title: _____ Telephone: (____) _____

Name: _____

Title: _____ Telephone: (____) _____

Three trade references with phone numbers are required:

Company Name: _____

Address: _____

Telephone:(____) _____ Fax Number: (____) _____

Company Name: _____

Address: _____

Telephone:(____) _____ Fax Number: (____) _____

Company Name: _____

Address: _____

Telephone:(____) _____ Fax Number: (____) _____

Bank Name: _____ Acct Opened: _____

Address: _____ Contact: _____

Telephone: (____) _____ Fax Number: (____) _____

Account Number: _____

I authorize the release of information regarding my credit to Tocco Frozen Foods, LLC.

Authorized Signature: _____ Title: _____

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New Customer Questionnaire

What day or days have been set up for delivery? _____

What time is someone at your establishment to accept the order? _____

What time range would be best to deliver the order? _____

What times will you not receive the order? _____

Credit Line: What kind of terms are you looking for? _____

What kind of credit limit are you looking for? _____

Any Special Delivery Instructions: _____

Who do we contact for the order? _____

During what time frame should we call for the order? _____

Who do we contact regarding Accounts Payable? _____

Salesman Signature: _____

Salesman Name on Account: _____