



CREDIT APPLICATION AND ACCOUNT AGREEMENT

CUSTOMER NAME (use full legal	name)						
BILLING ADDRESS			CITY	STATE	E ZIP		
SHIP TO ADDRESS (if different)			CITY	STATE	Z ZIP		
CONTACT NAME			DEPARTMENT	PHONI	E NUMBER		
CORPORATION PARTNERSHIP LIMITED PARTNERSHIP LLC SOLE PROPRIETOR							
NUMBER OF YEARS IN BUSINE		R PRESENT MA	NAGEMENT	FEDERAL ID. N	0.		
SUBSIDIARY, DIVISION OR BRANCH OF							
PROPRIETOR, PARTNERS, OR OFFICERS							
NAME	TITLE	ADDRESS			SSN (proprietor)		
NAME	TITLE	ADDRESS			SSN (proprietor)		
NAME	TITLE	ADDRESS			SSN (proprietor)		
TRADE REFERENCES (Please Provide Complete Address)							
NAME AND ADDRESS			ACCOUNT NO.	PHONE			
NAME AND ADDRESS			ACCOUNT NO.	PHONE			
NAME AND ADDRESS			ACCOUNT NO.	PHONE			
BANK INFORMATION							
BANK NAME AND ADDRESS				PHONE			
BANK OFFICER		OUNT TYPE	Savings 🗌 Lo	ACCOUNT NO.			
LOAN INFORMATION							
Amount Term Secured by							
TAX INFORMATION							
ТАУ					CERT. NO. (attach copy)		
All Purchases Taxable Some Exempt All Exempt							

READ BEFORE SIGNING BELOW:

- 1. I/We hereby authorize the above named bank and companies to release any information requested by ARVYS Proteins, Inc. as to our credit worthiness
- 2. The information presented in this application is for the purpose of obtaining credit and is warranted to be true and correct.

TERMS OF PAYMENT ARE NET THIRTY (30) DAYS FROM INVOICE DATE

SIGNATUDE	TITIE	DATE
SIGNATURE	IIILE	DATE

This agreement is subject to terms and conditions set forth on the 2nd page of this document.



ACCOUNT TERMS AND CONDITIONS

1. The acceptance of any purchase order by ARVYS Proteins, Inc. ("ARVYS") is subject to the ARVYS "Standard Contract Terms and Conditions" (attached with every quote). The Quote Number must appear on the Purchase Order. Pricing on a quote and/or any discounts given are good only until the specified "Quote Expiration Date".

2. All Purchase Orders must be submitted in writing (FAX, e-mail, mail) separately. Credit card payments are welcome and can be processed through PayPal. Taxes, Shipping and Handling charges will be added to invoices, as those charges occur.

3. The payment terms are net thirty (30) days. If payment is not received by the due date, a late charge will be added at the rate of one and one-half percent (1.5%) per months (eighteen percent (18%) per year) or the maximum legal rate, whichever is less, to unpaid invoices from the due date thereof.

4. Payments by checks sent to:

ARVYS Proteins Inc., 115 Technology Drive, Suite CP100, Trumbull, CT 06611 Payments by wire transfer: bank information is listed on our invoices Credit card/Online payments are processed through PayPal (<u>www.paypal.com</u>): For the credit of <u>billing@arvysproteins.com</u> e-mail account.

4. If Customer is delinquent in paying any amount owed to ARVYS by more than thirty (30) business days, then without limiting any other rights and remedies available to ARVYS under the law, in equity, or under the contract, ARVYS may (i) suspend contract services, shipment and/or deliveries of any or all products ordered by Customer, or (ii) by notice to Customer, treat such delinquency as a repudiation by Customer of the portion of the contract not then fully performed, whereupon ARVYS may cancel all further services/deliverables and any unpaid amounts immediately become due and payable. If ARVYS retains a collection agency and/or attorney to collect overdue amounts all collection costs, including attorney's fees, shall be payable by Customer. Customer hereby represents to ARVYS that Customer is now solvent and agrees that each acceptance of contract deliverables shall constitute reaffirmation of this representation at such time.

5. It is the responsibility of Customer to notify ARVYS Proteins, Inc. within ten (10) business days after receipt of invoice of any dispute which prohibits Customer from remitting payment to ARVYS within the agreed-to terms of payment and the agreed-to amount.

THE END