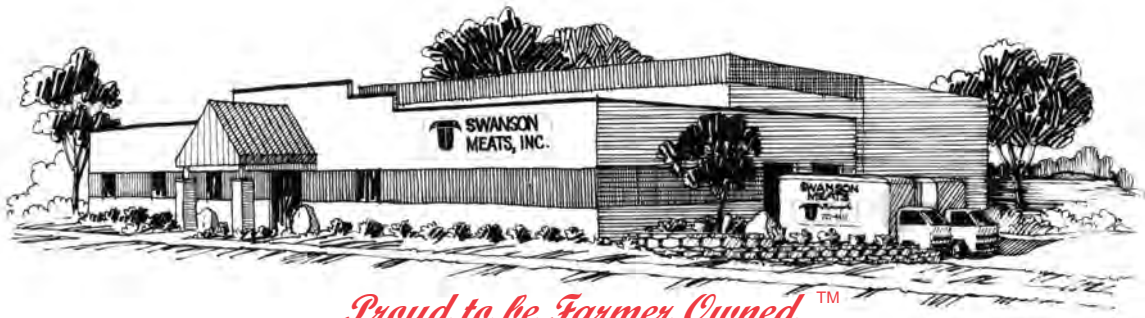


SWANSON MEATS, INC.

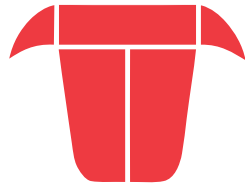
Excellence in Quality & Service Since 1962

Customer Account Application



Proud to be Farmer Owned.™

Swanson Meats, Inc.
2700 26th Ave S
Minneapolis, MN 55406
(612) 721-4411 FAX (612) 721-7967



SWANSON MEATS, INC.

Excellence in Quality & Service Since 1962
2700 26th Ave S, Minneapolis. (612) 721-4411

NEW ACCOUNT APPLICATION

The information contained herein is being provided in conjunction with a request for business credit terms by the undersigned applicant(s) (collectively, "Applicant") from Swanson Meats, Inc. and its subsidiaries, divisions and affiliates (collectively, "Seller"). The applicants individually and collectively agree to the terms and conditions attached to the Application and on related invoices as changed from time to time.

SHIP TO	Business Name _____	BILL TO	Business Name _____	
	Trade Name (dba) _____		Attention _____	
	Address _____		Address _____	
	City _____ County _____ State _____ ZIP _____		City _____ County _____ State _____ ZIP _____	
CONTACT INFO	Sales Contact: _____ Phone: (____) ____-____ FAX: (____) ____-____ Email: _____			
	A/P Contact: _____ Phone: (____) ____-____ FAX: (____) ____-____ Email: _____			
	Restaurant Phone: (____) ____-____ FAX: (____) ____-____			
BUSINESS INFORMATION	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation Organized in State of _____ <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ Length of Time in Business: _____ Number of Employees: _____ Estimated Monthly Sales: \$ _____ Type of Operation: <input type="checkbox"/> Fine Dining <input type="checkbox"/> Casual Dining <input type="checkbox"/> Family Dining <input type="checkbox"/> Fast Casual <input type="checkbox"/> Fast Food <input type="checkbox"/> Commissary <input type="checkbox"/> Lodging <input type="checkbox"/> Healthcare Number of Beds _____ <input type="checkbox"/> Other _____ Statement Required to be mailed to the customer each month? <input type="checkbox"/> Yes <input type="checkbox"/> No Purchase Order Number required? <input type="checkbox"/> Yes (Orders without a PO Number WILL NOT SHIP.) <input type="checkbox"/> No			
	CORPORATE OFFICERS			
	Name and Title _____		Name and Title _____	
	Home Address _____		Home Address _____	
	City _____ County _____ State _____ ZIP _____		City _____ County _____ State _____ ZIP _____	
	Home Phone Number: (____) ____-____		Home Phone Number: (____) ____-____	
	BANKING	Bank Name _____		Officer _____
		Address _____		Account Number: _____ Type (checking / loan) _____ Balance: _____
		City _____ State _____ ZIP _____		Account Number: _____ Type (checking / loan) _____ Balance: _____
		Phone: (____) ____-____		

Swanson Meats prefers trade references from other foodservice distributors.

TRADE

NAME

ADDRESS

PHONE NUMBER

FAX NUMBER

1.

2.

3.

NOTICE

THE FAIR CREDIT REPORTING ACT AND FEDERAL EQUAL CREDIT OPPORTUNITY ACT

Applicant acknowledges and agrees that Swanson Meats, Inc. and its subsidiaries, divisions and affiliates (collectively "Creditor") may utilize outside credit reporting services to obtain information on Applicant. In the event Applicant is/are individual(s) or doing business as a sole proprietorship or partnership, or if the Applicant is executing the Application as part of a personal guarantee, the signing of the Application shall constitute au- thorization under the Fair Credit and Reporting Act to Creditor and its Agents to utilize consumer credit reporting agencies to provide reports on said individual(s) in order to permit Creditor to appropriately evaluate the extension of any business credit. This authorization will remain valid and enforceable until Applicant expressly revokes authorization in writing and served on Creditor by registered or certified mail.

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants based on race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this credit is the Federal Trade Commission, Division of Credit Practices, 6th and Pennsylvania Avenue, NW, Washington D.C. 20580.

If credit is denied, you have the right to a written statement of the specific reasons for denial. To obtain the statement, please contact Swanson Meats, Inc. att: Accounting Manager, within sixty (60) days from the date you were notified of the decision to deny credit.

TERMS AND CONDITIONS OF SALE

The term "Seller" refers to Christofersen Meats Co. dba Swanson Meats, Inc., its affiliates or subsidiaries; the term "Customer" refers to the person or entity purchasing for value any good or service from Seller, regardless of whether said person or entity has previously established a Customer Account with Seller.

- Seller's Product Return Policy ("Return Policy") is incorporated by reference. Additionally, the terms and conditions section contained in the original Customer Account Application form completed by the Customer upon the opening of the Customer's Account with Seller ("Account Application") are incorporated by reference. If Customer has not completed an Account Application, then only the Return Policy is incorporated by reference. Seller and Customer mutually agree that these documents are intended to be read together, with any material discrepancy in terms among the documents to be definitively and finally resolved by (1) applying the most recently published version of the conflicting term; (2) excising those terms which are in direct conflict with the most recently published version of the term; and (3) having all other non-conflicting terms remain in force. Seller will provide at no cost to Customer a copy of Account Application, Return Policy, or both upon written request of Customer.
- All goods intended for human or animal consumption ("food products") provided under this sale are warranted by the Seller to be wholesome and of good quality at tender of delivery, unless clearly specified otherwise. Once food products leave Seller's direct control, Seller shall not be responsible for either the quality or the condition of the food products. For all goods sold, both food and non-food, Seller expressly disclaims all warranties of fitness for a particular purpose, whether expressed or implied.
- Seller's liability under this sale shall be limited to the actual sale price of goods purchased by Customer from Seller, and in no case will Seller's liability extend to incidental or consequential losses which Customer may experience subsequent to Customer's acceptance of goods.
- All amounts due to Seller are payable at in accordance with the payment terms established by Seller's credit department. Customer agrees to pay all obligations due Seller within assigned payment terms. Seller reserves the right to change the terms of credit extended to the Customer at Seller's sole discretion and without notice. Acceptance of payment outside of stated credit terms shall not operate as Seller's waiver of stated credit terms. Customer shall pay Seller a service charge for all checks or other payments returned by Customer's bank up to the maximum allowable by law. Past due balances may be assessed a finance charge of 18% per year or the highest maximum rate permitted by law, whichever is less. Unless otherwise agreed upon by the Parties, payment is to be made at Seller's principal place of business no later than close of business upon the due date. A convenience fee may be added to payments made via credit card.
- To secure payment and performance of each and every obligation which Customer may now or at any time hereafter owe to Seller, Customer grants Seller a security interest in Customer's existing and hereafter acquired: (i) inventory; (ii) accounts, contract rights, and other rights to payment; (iii) instruments; (iv) chattel paper, both tangible and electronic; (v) equipment; (vi) documents; and (vii) general intangibles. Customer agrees to inform Seller by certified mail within 10 days of any changes to Customer's name, business status, or ownership.
- In the event of Customer's default, Seller may, at its option, without demand, notice of intention to accelerate, notice of acceleration, notice of nonpayment, presentment, protest, notice of dishonor, or any other notice whatsoever to Customer, declare all of Customer's obligations to Seller immediately due and payable. In addition to Customer's default under this sales agreement, Seller may also treat Customer's default on any contract with any of Customer's suppliers, vendors, lenders, creditors, and secured parties as an event of default on this agreement. Customer agrees to pay all of Seller's reasonable costs, including attorneys' fees and litigation expenses, associated with collecting this or any other obligation due by Customer to Seller.
- Any dispute or litigation arising out of this agreement shall be exclusively venued in the District Court in Hennepin County, Minnesota, and shall be governed and interpreted according to the laws of the State of Minnesota, except that those portions of Minnesota Law originating in the United Nations Convention on Contracts for the International Sale of Goods (CISG) are specifically excluded where such exclusions are allowed under law. If any part of this agreement is deemed unenforceable by any court of competent jurisdiction, that part alone shall not be enforced and the remainder of the agreement shall remain in force.

Seller specifically objects to any and all proposed modifications to these terms, and any such proposed modification shall not be binding on Seller unless agreed to in writing in advance by its President.

**SIGN
HERE**



Signed: _____

Title: _____

Name: _____

Date: ____/____/____

AUTHORIZATION TO CHECK CREDIT REFERENCES

Who should sign this authorization? *This will vary by organization type:*

*Proprietorship — Owner
Corporation — Officer*

*Partnership — Each Partner or Managing Partner
Non-Profit — Executive Director or other Officer*

LLC — Chief Manager

I/We attest the information given on this form is warranted to be true. In the event credit terms are requested, I/We hereby authorize Swanson Meats, Inc., its agents, subsidiaries, and affiliates, to verify information on me/us, including requesting reports from Credit Reporting Agencies and Trade References. If I ask whether or not a personal credit report was requested, you will tell me, and give me the name and address of the agency that furnished the information.

Signed: _____
Name: _____
Title: _____
Date: ____/____/____



Signed: _____
Name: _____
Title: _____
Date: ____/____/____



CONTINUING INDIVIDUAL PERSONAL GUARANTEE

I/We, for and in consideration of extending credit at my/our request to the Applicant named on the above New Account Application (the "Company"), personally and individually guarantee prompt payment of any obligation of the Company to Swanson Meats, Inc., and each of its subsidiaries and affiliated entities (the "Seller"), whether now existing or hereinafter incurred, and I/we further agree to pay on demand any sum which is due by the Company to Seller whenever the Company fails to pay same. It is understood that this guarantee shall be an absolute and continuing guarantee for such indebtedness by the Company. This guarantee may be terminated (but only insofar as it relates to obligations of the Company thereafter incurred) only upon written notice to that effect delivered to the Seller by Certified Mail – Return Receipt Requested.

I/We agree that any dispute or litigation arising out of this agreement shall be venued in the District Court in Hennepin County, Minnesota. I/We expressly waive presentment, demand, protest, notice of protest, dishonor, diligence, notice of default or nonpayment, notice of acceptance of this guarantee, notice of the extending or any guaranteed indebtedness already or hereafter contracted for by the Company, notice of any modification of any credit agreement evidencing the indebtedness hereby guaranteed, notice of any renewal or extension of such indebtedness, and I expressly consent to any modification or renewal of any credit agreement evidencing the indebtedness hereby guaranteed and to all renewals or extensions of such indebtedness. I further waive any right to require Seller to proceed against, or make any effort at collection of the guaranteed indebtedness from, the Company or any other party liable for such indebtedness. I/We agree to inform Seller by certified mail within 10 days of any changes in the Company's name, business status or ownership.

If I/we fail to pay when due any indebtedness, liability or obligation to Seller, or I/we fail to satisfy any other terms or conditions of any other contract or agreement between Seller and me/us, or Seller is required to retain legal counsel in defense of any claim or proceeding by me/us against Seller, then in such event, I/we agree to pay all of Seller's reasonable attorneys fees incurred for any of the foregoing and all of Seller's other costs of collection, whether or not incurred as part of a judicial proceeding.

In the event more than one party executes this Guarantee as a guarantor, then each guarantor agrees to be jointly and severally liable for the guaranteed indebtedness, and, in all instances herein, the singular shall be construed to include the plural.

Signed: _____
(do not indicate job title)
Print Name: _____
(do not indicate job title)
Home Address: _____
Date: ____/____/____



Signed: _____
(do not indicate job title)
Print Name: _____
(do not indicate job title)
Home Address: _____
Date: ____/____/____



REQUIRED

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/disregarded entity name, if different from above
Check appropriate box for federal tax classification (required): Individual/sole proprietor, C Corporation, S Corporation, Partnership, Trust/estate, Limited liability company, Other (see instructions)
Address (number, street, and apt. or suite no.), City, state, and ZIP code, List account number(s) here (optional)
Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line 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 grid

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

Employer identification number grid

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

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.

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity name and specific project:

Exempt entity name _____ Project description _____

REQUIRED IF CLAIMING EXEMPTION

Type or print	Name of purchaser			
	Business address		City	State Zip code
	Purchaser's tax ID number		State of issue	Country of issue
	If no tax ID number, enter one of the following:	FEIN	Driver's license number/State issued ID number state of issue number	
	Name of seller from whom you are purchasing, leasing or renting SWANSON MEATS, INC.			
Seller's address		City	State Zip code	
2700 26th AVENUE SOUTH, MINNEAPOLIS, MN 55406				

Type of business. Circle the number that describes your business.

01 Accommodation and food services	11 Transportation and warehousing
02 Agricultural, forestry, fishing, hunting	12 Utilities
03 Construction	13 Wholesale trade
04 Finance and insurance	14 Business services
05 Information, publishing and communications	15 Professional services
06 Manufacturing	16 Education and health-care services
07 Mining	17 Nonprofit organization
08 Real estate	18 Government
09 Rental and leasing	19 Not a business (explain) _____
10 Retail trade	20 Other(explain) _____

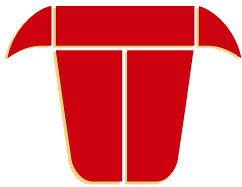
Reason for exemption. Circle the letter that identifies the reason for the exemption.

A Federal government (department) _____	I Agricultural production
B Specific government exemption (from list on back) _____	J Industrial production/manufacturing
C Tribal government (name) _____	K Direct pay authorization
D Foreign diplomat # _____	L Multiple computer software licenses MPU exemption is no longer valid; repealed March 8, 2008
E Charitable organization # _____	M Direct mail
F Educational organization # _____	N Other (enter number from back page) _____
G Religious organization # _____	O Percentage exemption
H Resale	<input type="checkbox"/> Advertising (enter percentage) _____ %
	<input type="checkbox"/> Utilities (enter percentage) _____ %

Sign here

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY: If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser	Print name here	Title	Date
-----------------------------------	-----------------	-------	------



SWANSON MEATS, INC.

2700 26th Avenue South, Minneapolis, MN 55406

Phone (612) 721-4411 | Fax (612) 721-7967

Proud to be Farmer Owned[®]

ACH AUTHORIZATION FORM

An Automated Clearing House (ACH) transaction is the process of moving funds electronically from one bank account to another through a secure routing number. ACH payments are a safe and effective way to pay your bill. No more paper checks, paid postage or trips to the post office.

Benefits of ACH:

- **Additional 7 Days - From your invoice due date.**
- **Processed on Tuesdays - Gives you a chance to get your weekend funds deposited.**
- **Thursday Emails - Informs you of what will be withdrawn from your account.**

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Payable Contact: _____

AP Email: _____

AP Phone: _____

PLEASE INCLUDE A VOIDED CHECK OR DEPOSIT SLIP WITH THIS FORM

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ROUTING NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER

SIGNATURE

PRINT NAME

DATE

I authorize Swanson Meats to initiate weekly electronic debits from my bank account referenced above. This authorization is effective until I provide Swanson Meats Inc. with written notification to end this agreement. I also authorize the financial institutions to receive information (including confidential) necessary to successfully process electronic payments.

FREE!

**CASE OF BURGERS
WHEN YOU
SIGN UP FOR ACH**