

Dear Customer:

Welcome to GWB, LLC d/b/a Grand Western! Enclosed for your review and completion is the GWB, LLC d/b/a Grand Western new account application. Please fill the application out completely and return it in the enclosed self addressed stamped envelope and provide a copy of your driver's license or other photo identification.

If you are requesting terms you must sign the personal guarantee section of the application.

We have also enclosed the following documents to be completed and returned with your application no later than ______.

- A sample copy of the annual retail tax certificate. Please sign your certificate.
- A form for making ACH electronic payments.

We look forward to doing business with you. I	f you have any questions please feel free
to contact your sales representative	at (561) 845-4700 x

Sincerely,

Larry Barrera Cheney Brothers, Inc. Director of Credit

> GWB, LLC d/b/a Grand Western 240 SW 32ND ST, FORT LAUDERDALE, FLORIDA 33315



GWB, LLC d/b/a Grand Western. ACH APPLICATION

I hereby authorize GWB, LLC d/b/a Grand Western to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit made in error to my checking account at the financial institution indicated on this enrollment form. I further authorize GWB, LLC d/b/a Grand Western's financial institution to credit and/or debit the account listed below.

I understand that this authorization remains in effect until GWB, LLC d/b/a Grand Western. receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford GWB, LLC d/b/a Grand Western and my financial institution a reasonable time to act on it.

CUSTOMER INFORMATION:							
Customer Number:							
GWB, LLC's Customer Number & Location:							
Fax Number for weekly statements:							
Email Address:							
BANK ACCOUNT INFORMATION:							
Depositary:							
Branch:							
City:							
State:							
Zip:							
Telephone Number:							
Account Number:							
ABA or Bank Routing Number:							
New Application	Account Update						
Sign Name Account Holder	Print Name	Date: mm/dd/yy					
*****A VOIDED CHECK MUST BE SUBMITTED WITH THIS APPLICATION *******							
Dear Valued Customer:							

Revised: 5/27/2015

GWB, LLC d/b/a Grand Western
240 SW 32ND ST, FORT LAUDERDALE, FLORIDA 33315



A current copy of your "2015 Florida Annual Resale Certificate for Sales Tax" needs to be submitted to our company as soon as possible. Your 2015 Annual Resale Certificate will be the first peach page in your monthly tax coupon booklet.

Please return your completed copy to:

 GWB LLC 240 SW 32ND ST

FORT LAUDERDALE, FL 33315

OR FAX (954) 523-7821

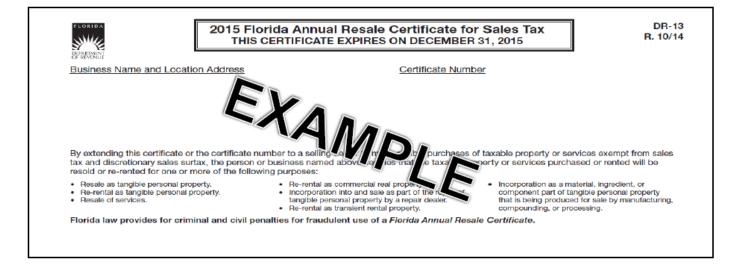
Attn: Credit Department

- Please include your GWB Account Number.
- If you are your registered under your corporate name please include your DBA name on the certificate.

If you have not received your 2015 annual certificate and need assistance or additional information, please call The Florida Department of Revenue at 800-352-3671.

Thank you in advance for you cooperation.

Below is a SAMPLE of the 2015 Florida Annual Resale Certificate for Sales Tax



Revised: 5/27/2015

NEW ACCOUNT / CREDIT APPLICATION FORM

GRAND WESTERN

* incomplete application may not be processed

Corporation Name	B Name					
Trade Name (d/b/a)	L Address					
Address Street	City County State Zip					
City County State Zip	T O Phone No					
Phone No	Fax No					
() Fax No	Attention of					
()						
Email address						
BUSINESS FACTS						
Proprietorship Corporation	Partnership Other					
Type of Business Establishment						
Restaurant Seating Capacity	In Plant Facility Franchise					
Hospital No. of beds	School Other					
Nursing Home No. of beds	Hotel Motel					
	At present location					
Previous location						
DELIVERY INFORMATION						
Primary Delivery Day Desired (circle one)	M T W TH F					
Primary Delivery Day Time Window (Minimum 4 Hour Window)	TO					
Secondary Afternoon Delivery Time Window Option Hours of Operation: Open	TO					
ACCOUNTING INFORMATION	Purchase Order Required Yes/No					
Accounts Payable Contact	Phone No()					
BUILDING/FACILITIES	Owned Leased					
Name of Mortgagor	Name of Lessor					
Address	Address					
State Zip	City State Zip					
Phone No. ()	Phone No. ()					
Complete the following information for all corporate officers, pa	artners, or an individual proprietor (add additional sheets if necessary)					
Name and Title	Name and Title					
Home Address	Home Address					
City /State/Zip	City /State/Zip					
Home Phone No. Business Phone No.	Home Phone No. Business Phone No.					
Social Security No. Date of Birth	Social Security No. Date of Birth					
Drivers License No.(copy of DL or Photo ID required)	Drivers License No. (copy of DL or Photo ID required)					

BANI	KING							
1.	Name			2.	Name			
	City				City			
	Account # Phone #				Account # Phone #			
	Person to Contact				Person to 0	Contact		
					r erson to c			
_	•	erably Food Distributors)		4	Nomo			
1.	Name Phone #			4.	Name Phone #			
2.	Nama			5.	Name			
	DI //			-	Phone #			
3.	Name			6.	Name			
	Phone #				Phone #			
ΓERN	MS AND CONDITIONS							
Parties	s hereby agree that all purcha	ses made are subject to the following terms	s and condit	tions:				
1.	address shown on the invoice	hereby agrees that all amounts due for goode and statement In the event of any char fied in writing. Failure to do so will result in	nge in purch	naser na	me, location, au	thorized agents, o	or ownership, GWB,	LLC d/b/a
2.	The undersigned purchaser due GWB, LLC d/b/a Grand by Florida law, on the unpaid	hereby agrees that all amounts due GWB, Western is not paid within said period, a ded balance, shall be added to the total amount in the amount of 1 1/2% per month on the total amount of 1 1/2%.	elinquency o int due, as v	charge in well as a	n the amount of ttorneys' fees a	1 1/2% per month nd costs in the eve	n, or any higher amo ent account is referr	ount as permitted ed for collection
3.	The undersigned purchaser protested checks returned by all attorneys' fees and costs.	agrees to pay GWB, LLC d/b/a Grand Wes y their bank. Purchaser further agrees to pa and any other amounts authorized by law	ay the above should acco	e service ount be	e charges plus to referred to a col	hree times the am lection agency or	nount of the face value an attorney for colle	ue of the check, ection.
4.		agrees to pay in accordance herewith. In the purchaser and relevant words herein sha					ecuting shall be joint	ly and severally
5.		edge that the goods and/or services purcha					ayable in installments	s, but are
	payable in full as stated here	ein. Ownership of the goods and services of	does not trai	nsfer to	purchaser until	paid in full. At any	time prior thereto, G	SWB, LLC d/b/a
		the right to confiscate such goods or cease such services in the event purchaser fails to meet its payment obligations. Unless g, any products or equipment leased or loaned to purchaser must be returned within seventy-two (72) hours or purchaser will be billed						
	for cost of same.		•					
6.	with their company. Specific GWB, LLC d/b/a Grand Wes	horizes you to verify the information on this Authorization is given to both the bank and tern is further authorized to conduct a cred irtner or proprietor identified herein. Each s	d trade refer lit check thro	rences li ough Eq	sted to disclose uifax or other cr	all account informedit-reporting age	nation for the specific ency on the purchase	ed accounts. er and each
7.	If purchase or payment is per protest any and all such cha	 This form may be transmitted to any of the irmitted to made by credit card (requires seges with its credit card company or bank. 	parate auth	orization	n and form), pur	chaser/cardholde		
8.	Grand Western	applicable) agree to provide supplemental	credit inforn	nation III	non request			
9.		writing, upon closure of account, payment of				ithin seventy-two	(72) hours.	
10.		tern may assign any and all of its rights an	d obligation	s herein	to its parent co	mpanies, or affilia	ites including but not	limited to,
DEFI	NITION OF TERMS	s its successors and assigns.						
The	e undersigned hereby agrees	that the definition of:						
We	eekly Terms is:	Payment for all purchases made Monday	/ through Sa	aturday (of any week is d	ue no later than tl	he Thursday of the fo	ollowing week.
Bi-	Weekly Terms is:	Payment for all purchases made Monday following the purchase.	through Sa	aturday (of any week is d	ue no later than tl	he Thursday of the s	econd week
21	Day Term is:	Payment for all purchases made Monday	through Sa	aturday (of any week is d	ue no later than th	he Thursday of the t	hird week
	,	following the purchase. Payment for all purchases made from the	e first of the	month t	hrough the last	day of the month	are due no later thar	n the 10th of the
Mo	onthly Terms is:	next month.				,		
Date			Sales	s Repr	esentative (S	Signature)		Number
Offic	er, Owner or Partner (S	ignature)	Sales	s Mana	ager (Signatı	ıre)		
	•					•		
Гуре	or Print Name	Title						
NDIV	IDUAL PERSONAL GUAR							
,	ling credit at my request to _	(type or print name), residing at(Name)	me of Com	nany/"nı	urchaser") of wh		for and in consid	deration of your hereby
persor which shall b conser of pure	nally guarantee to GWB, LLC may become due to GWB, Ll be a continuing and irrevocate nt to any modification or renevehaser, including but not limite	d/b/a Grand Western payment of any obl C d/b/a Grand Western, by the purchaser ble indemnity for such indebtedness of the wal of the credit agreement hereby guaran ed to, purchaser's obligation to pay service	ligation of the r whenever e purchaser teed and to	he purch the purc r. I do h all rene	naser and I here chaser shall fail nereby waive no ewals of extension	eby agree to bind to pay the same. otice of default, n on of credit. This	It is understood that on-payment and no guarantee extends	emand any sum at this guarantee otice thereof and to all obligations
ollect	ion activities (either by referra	I to collection company or attorney).				-		

GUARANTOR'S SIGNATURE DATE **WITNESS SIGNATURE**

DATE