

TRADE REFERENCES

1. Reference Name		Contact	
Address			
City		State	Zip / Postal Code
Telephone	Facsimile	Email	
2. Reference Name		Contact	
Address			
City		State	Zip / Postal Code
Telephone	Facsimile	Email	
3. Reference Name		Contact	
Address			
City		State	Zip / Postal Code
Telephone	Facsimile	Email	

OTHER INFORMATION

We realize that many businesses are "start-ups" or may have other circumstances that make them a good potential partner for Gino's but who may have various credit irregularities. Please feel free to include additional information you feel we should be aware of in determining credit. Feel free to use a separate sheet of paper but please be sure to note that the additional sheet is part of this application.

SIGNATURE(S)

(This section to be signed by an officer, director, member, partner or similar person empowered to accept obligations on behalf of the above named entity). By signing below, I an authorized agent(s) of the above-named entity, agree and bind the entity to the credit terms and agree to ensure that all charges established are paid in accord with the terms and procedures for credit (attached). Furthermore, I authorize GINO'S AWARDS, INC. to investigate any and all credit history and understand that this information will be used in the determination of credit for future purposes. All information disclosed will be kept confidential.

Signature _____ Date

Signature _____ Date

Signature _____ Date