MELVILLE CANDY CORPORATION

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BUSINESS CONTACT INFORMATION Title: Company Name: Phone: Fax: E-mail: Registered Company Address: City: State: ZIP Code: Date Business Commenced: Sole proprietorship: Partnership: Corporation: Other: BUSINESS AND CREDIT INFORMATION Primary Business Address: City: State: ZIP Code: How long at current address? Telephone: Fax: E-mail: Tax I.D. # D & B # **BUSINESS/TRADE REFERENCES** Company Name: Address: ZIP Code: City: State: Phone: Fax: E-mail: Type of Account: Company Name: Address: City: State: ZIP Code: Fax: E-mail: Phone: Type of Account: Company name: Address: City: State: ZIP Code: Phone: Fax: E-mail: Type of Account: **SIGNATURES** Title: Title:

Date:

Date: