

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

PROOF OF CLAIM



589286

Bar Date Ref # 2-NVM-54481

In re Food 4 Less Beverage Co, Inc Case Number 03-10959 (MFW)

NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

Financial Information Technologies
4720 W Cypress St Ste 100
Tampa FL 33607

0354653589286

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if this address differs from the address on the envelope sent to you by the court.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

Creditor Telephone Number (813) 285-1980

CREDITOR TAX ID # 65-0152732

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR PH001

Check here replaces or amends a previously filed claim dated _____

1 BASIS FOR CLAIM

- Goods sold
- Services performed
- Money loaned
- Personal injury/wrongful death
- Taxes
- Other (describe briefly)
- Retiree benefits as defined in 11 U.S.C. § 1114(a)
- Wages, salaries, and compensation (Fill out below)

Your social security number _____
Unpaid compensation for services performed from _____ to _____
(date) (date)

2 DATE DEBT WAS INCURRED 04/30/2003

3 IF COURT JUDGMENT, DATE OBTAINED

4 TOTAL AMOUNT OF CLAIM AS OF PETITION DATE \$ 357.83 (unsecured) \$ 0 (secured) \$ 0 (unsecured priority) \$ 357.83 (total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5 SECURED CLAIM

Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

- Real Estate
- Motor Vehicle
- Other _____

Value of collateral \$ _____

Amount of arrearage and other charges at time case filed included in secured claim above if any \$ _____

6 UNSECURED PRIORITY CLAIM

Check this box if you have an unsecured priority claim.

Specify the priority of the claim

- Wages, salaries, or commissions (up to \$4,650*) earned within 90 days before filing of the bankruptcy petition or cessation of the Debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)
- Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)
- Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(6)
- Alimony, maintenance, or support owed to a spouse, former spouse, or child. 11 U.S.C. § 507(a)(7)
- Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)
- Other. Specify applicable paragraph of 11 U.S.C. § 507(a) _____

Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9 DATE-STAMPED COPY To receive an acknowledgment of your claim, please enclose a self-addressed stamped envelope and an additional copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is received on or before 4:00 p.m., September 15, 2003, Pacific Daylight Time.

THIS SPACE FOR COURT USE ONLY

FILED

AUG 18 2003

BMC

Fleming Companies Claim



05181

BY MAIL TO
Bankruptcy Management Corporation
P O BOX 900
El Segundo CA 90245-0900

BY HAND OR OVERNIGHT DELIVERY TO
Bankruptcy Management Corporation
1330 East Franklin Avenue
El Segundo CA 90245

DATE SIGNED

8/13/03

SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)

[Signature]

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 AND 3571

See Other Side For Instructions



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572-0854
Fax (813) 289 5599
www fintech net

INVOICE

Mail To
Food 4 Less
Phoenix Food 4 Less #827
245 East Bell Road

Phoenix AZ

85022

Date	Invoice No
04/30/2003	117154
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description		
7 Monetary Bank Return	\$50 00	\$350 00
3 Transactional	\$0 29	\$0 87
Total Due		\$350 87

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re-origination fee



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572 0854
Fax (813) 289 5599
www fintech net

INVOICE

Mail To
Less 828 Food for
Phoenix Food 4 Less #828
240 West Warner Road

Chandler AZ

85225

Date	Invoice No
04/30/2003	117155
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description		
2 Transactional	\$0 29	\$0 58
Total Due		\$0 58

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re origination fee



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572 0854
Fax (813) 289 5599
www fintech net

INVOICE

Mail To
Less 829 Food for
Phoenix Food 4 Less #829
5810 West Peoria

Glendale AZ

85302

Date	Invoice No
04/30/2003	117156
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description		
3 Transactional	\$0 29	\$0 87
Total Due		\$0 87

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re-origination fee



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572 0854
Fax (813) 289 5599
www fintech net

INVOICE

Mail To
Melissa Christian
Phoenix Food 4 Less #8819
P O Box 241577

Omaha NE

48124

Date	Invoice No
04/30/2003	117157
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description		
3 Transactional	\$0 29	\$0 87
Total Due		\$0 87

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re-origination fee



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572-0854
Fax (813) 289-5599
www fintech net

INVOICE

Mail To
Melissa Christian
Phoenix Food 4 Less #8823
P O Box 241577

Omaha NE

48124

Date	Invoice No
04/30/2003	117158
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description		
9 Transactional	\$0 29	\$2 61
Total Due		\$2 61

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re origination fee



4720 West Cypress Street Suite 100
Tampa FL 33607
Phone (800) 572-0854
Fax (813) 289 5599
www fintech net

INVOICE

Mail To
Melissa Christian
Phoenix Food 4 Less #8848
P O Box 241577

Omaha NE

48124

Date	Invoice No
04/30/2003	117160
Billing Period	
04/01/2003 - 04/30/2003	

Services

DUE UPON RECEIPT

Description			
7 Transactional	\$0 29		\$2 03
Total Due			\$2 03

For billing questions, please call customer service @ 1-800 572-0854

1 5% finance charge on unpaid balance by 05/31/2003, \$50 00 fee on EFT returns , \$50 00 Re origination fee