

CREDIT APPLICATION COMPANY INFORMATION:

Legal Business Name:		DBA:	
Primary Contact:		Title:	
Phone: Cell:	FAX:	EM.	AIL:
Business type: Corporation:	Sole Proprietorship:	Partnership:	
Federal Id Number:	Sta	te of Incorporation:	
Years in business:	Annual Sales:	Website:	
BILLING INFORMATION:			
Billing Address:			
Shipping Address (if different than bill	ing):		
After hours contact person:	Phone #		Cell #
Accounts Payable Contact:	Phone:	Phone:	
Preference for receiving Invoices: FA	AX	EMAIL:	
PURCHASING INFORMATION:	Dura	nasing FNANL.	
		urchasing EMAIL:	
		Products purchased	
Authorized purchaser Products purchased			
Purchase Orders Required?	Estim	iated Monthly Purchas	es \$
BANKING / CREDIT INFORMATION:			
BANK:	Account number:		
Address:	City:	State:	Zip:
Contact:	Phone number:		
SEAFOOD INDUSTRY CREDIT REFEREN	ICES:		
Trade Reference:	Phone#	Con	tact
Trade Reference:	Phone#	Con	tact
Trade Reference:	Phone#	Con	tact



Authorized Age	ent		
Printed N	ame:		
	Printed Name of owner /	officer	Date
Signature	:		
	Signature of owner / office	cer	
Customer	agrees to pay all costs of collection ir	ncluding reasonable attorney's fee	es.
of extendi	=	ompany. It is understood that if cr	on Fisheries or its agents, for the purpose redit is extended by Beacon Fisheries, thout notice.
PERSONAL GUA	ARANTEE		
request of app payment of al	olicant or its' agents, the undersigned ind	dividual hereby personally guarantees,	for any products or services after this date at the , unconditionally and irrevocably, the prompt ed below whether said sums are due under open
as stated in th undersigned o	e credit agreement between Beacon Fish	heries, Inc. and the business. Beacon it and the undersigned waives demand	exceed estimated maximum credit limit required Fisheries Inc. shall not be obligated to notify the d, notice of default and extension of time or any
specify the da		inated. Said date is not to be less than	mail, return receipt requested by Said notice shall n ten days after such notice is received. Such such termination.
Name (Indivi	dual guaranteeing payment, no	Date:	
Home Phone	2:	SSN:	
Home Addre	SS		
Signature of payment	person guaranteeing	Name of business who	se account is guaranteed