



Application for Credit

Please complete this form in its entirety

"Home of the Happy Fish"
13 Marconi Lane, Marion, MA 02738
www.tastyseafood.com

Main Office
Tel: 508-748-3784
Fax: 508-748-3150
jleonard@tastyseafood.com

Tasty Seafood Sales Rep: _____

Legal Name (Applicant): _____ DBA: _____

Date Established: _____ State: _____ Type (Circle One): Inc. LLC Partnership Sole Proprietor

Billing Address: _____ City/State/Zip: _____

Shipping Address: _____ City/State/Zip: _____

Phone #: _____ Fax #: _____ AP Email: _____

Annual Sales: _____ FED ID #: _____

Ownership Information

Name: _____ Title: _____ Address: _____ Ownership %: _____

Name: _____ Title: _____ Address: _____ Ownership %: _____

Primary Bank Information

Name: _____ Address: _____ Contact: _____

Phone #: _____ Fax #: _____ Email: _____

Account # - Checking: _____ Line of Credit: _____ Other: _____

Secondary Bank Information

Name: _____ Address: _____ Contact: _____

Phone #: _____ Fax #: _____ Email: _____

Account # - Checking: _____ Line of Credit: _____ Other: _____

References

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

Name: _____ Address: _____

Phone #: _____ Fax #: _____ Email: _____

By signing below, signer is designating that they have the authority to bind the Applicant and is authorized by the Applicant to enter into the credit application terms and conditions. Applicant grants permission to contact consumer credit reporting agencies and/or commercial credit reporting agencies, as well as obtaining credit information from the above listed bank and trade references. I/We affirm that the Applicant is financially solvent and has the ability and willingness to pay invoices within our standard terms of Net 14 days. Applicant agrees that open credit terms may be withdrawn or modified at any time, credit terms are subject to periodic reviews and all claims must be specified in writing within 24 hours of receipt.

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Please Return By Fax to 508-748-3150 OR Email to jleonard@tastyseafood.com