

APPLICATION FOR CREDIT
Northeast Seafood Products
4555 Kingston Street, Denver CO 80239
Phone: 303-373-2226 Fax: 303-373-2956



Name of firm or individual: _____

Address: _____

Years at address: _____

Phone: _____ **Fax:** _____

The following must be provided. It will be held in the strictest confidence.

Ownership: **Corporation** **Partnership** **Individual**

Names(s) of principal(s):

1: _____ **2:** _____

Finance:

Bank Name: _____ **Contact:** _____

Address: _____

Phone: _____ **Fax:** _____

References:

Name: _____ **Address:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

Name: _____ **Address:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

Name: _____ **Address:** _____

Phone: _____ **Fax:** _____ **Contact:** _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Signature: _____ **Title:** _____

Date: ____/____/____



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Personal Guarantee

The Undersigned, jointly and severally, personally guarantees the payments, when due, of any purchases by said applicant _____.

This being done in consideration of, and as an inducement for, the extension of credit by Northeast Seafood Products, INC. To said applicant.

The undersigned further agrees to pay interest at the rate of 1.5% per month on all past due balances, and all costs of collection, including reasonable attorney fees and court costs.

Date: ___/___/___ Signature: _____

Date: ___/___/___ Signature: _____