

BUSINESS CREDIT APPLICATION



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



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

COMPANY INFORMATION:

Name of Business or DBA:		
Address:		Years at address:
City:	State Provence:	Zip/Postal code:
Phone:		Fax:
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual		

PRINCIPLES:

Name of CEO:	Phone:
Name of COO:	Phone:
Name of CFO:	Phone:

FINANCE:

Bank name:	Contact:
Address:	
Phone:	Fax:

REFERENCES:

1. Name:	Address:	
Phone:	Fax:	Contact:
2. Name:	Address:	
Phone:	Fax:	Contact:
3. Name:	Address:	
Phone:	Fax:	Contact:

ACCOUNTS PAYABLE:

Contact Name:	Email address:
Phone:	Fax:
Additional notes:	

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: _____