

Universal Seafood

Credit Application for Business Account

Company Name :			
Address :			
City :		State :	Zip Code :
Phone :		Fax :	
Website Address :		Email :	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION:

Type of Business :			
Federal Tax ID# :		State Resale # :	
How long at current address?			
Bank Name :			
Bank Address :			
City :		State :	Zip Code :
Phone		Fax :	
Type of account	Account number		
Checking []			
Savings []			
Other			

INFORMATION ON PRINCIPALS:

Name :		Title :	
Social Security # :		Driver License # :	
Home Address :			
City :		State :	Zip Code :
Phone :		Fax :	
Home Phone# :		Mobile Cell # :	

Name :		Title :	
Social Security # :		Driver License # :	
Home Address :			
City :		State :	Zip Code :
Phone :		Fax :	
Home Phone# :		Mobile Cell # :	

Home Phone#	Mobile Cell #	
Name	Title	
Social Security #	Driver License #	
Home Address		
City	State	Zip Code
Phone	Fax	

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SUPPLIER REFERENCES:

Company Name		
Contact Name	Title	
Address		
City	State	Zip Code
Phone	Fax	
Account #	Email	

Company Name		
Contact Name	Title	
Address		
City	State	Zip Code
Phone	Fax	
Account #	Email	

Company Name		
Contact Name	Title	
Address		
City	State	Zip Code
Phone	Fax	
Account #	Email	

AGREEMENT

1. **By submitting this application, you authorize Universal Seafood to make inquiries into the banking and business/trade references that you have supplied.**
2. **Late charges of 1.5% per month on all balances over 30 days from the date of delivery. As well as all collection cost and/or reasonable legal fees and court costs.**
3. **Until credit is granted, payment will be accepted on delivery by money order / cashier's check.**

This credit information is provided for the use of the advancement of

Credit to:

Doing Business As

PRINCIPAL(S) SIGNATURE

I (we) have financial interest in said business and hereby personally guarantee payment of any and all obligations past, present or futures invoices incurred by the above referenced entity and agrees to personally pay the same in the event of default of payment.

Signature:

Date

Print Name:

Title

Signature:

Date

Print Name:

Title

Universal Seafood Accounting & Kitchen Contacts

ACCOUNTING AND BOOKKEEPING CONTACTS:

Name	Title	
Company		
Address		
City	State	Zip Code
Phone	Fax	
Direct Phone #	Mobile Cell #	
Email Address:	Email Address:	
Name	Title	
Company		

Address		
City	State	Zip Code
Phone	Fax	
Direct Phone #	Mobile Cell #	
Email Address:	Email Address:	



CHEF AND KITCHEN CONTACTS:

Name	Title
Direct Phone	Fax
Mobile Cell #	Email Address:
Email Address:	Email Address:



Name	Title
Phone	Fax
Mobile Cell #	Email Address:
Direct Phone #	Mobile Cell #



ADDITIONAL CONTACTS:

Name	Title
Phone	Fax
Mobile Cell #	Email Address:
Direct Phone #	Mobile Cell #



Name	Title
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Phone	Fax
Mobile Cell #	Email Address:
Direct Phone #	Mobile Cell #
Name	Title
Phone	Fax
Mobile Cell #	Email Address:
Direct Phone #	Mobile Cell #