

# CREDIT APPLICATION

## Seacrest Foods International Inc.

phone: (617) 394-0004 fax: (617) 394-9954 web: www.seacrestfoods.com

Date: \_\_\_\_\_

Seacrest Foods Salesperson: \_\_\_\_\_

Full Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

AP Phone #: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax ( \_\_\_\_\_ ) \_\_\_\_\_

### PREVIOUS ADDRESS(S) IF LESS THAN 5 YEARS AT ABOVE:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BILLING ADDRESS (IF DIFFERENT FROM ABOVE):

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### NAME OF PRINCIPALS:

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Title)

### PARENT COMPANY, IF APPLICABLE

Full Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### IF PROPRIETORSHIP OR PARTNERSHIP, LIST OWNERS

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

### CHECK IF:

- ( ) Corporation
- ( ) Partnership
- ( ) Proprietorship
- ( ) Individual

### CLASSIFICATION:

- ( ) Distributor
- ( ) Farm Stand
- ( ) Food Service
- ( ) Grocery Store Chain
- ( ) Independent Retail Store
- ( ) Manufacturer
- ( ) Restaurant
- ( ) Other \_\_\_\_\_

Seacrest Account No.

No. Years Established: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Credit Line Desired: \_\_\_\_\_

Purchase Order Required? ( ) Yes ( ) No

Monthly Statement Required? ( ) Yes ( ) No

Sales Tax Exempt? ( ) Yes ( ) No

(If "yes" attach exemption certificate)

Type of Billing? ( ) COD - Cash on Delivery

( ) INV - Invoice to Invoice

( ) NET - Credit Terms 21 days

Other Billing Instructions: \_\_\_\_\_

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**\*PLEASE NOTE: FIRST TWO ORDERS WILL BE CASH ON DELIVERY REGARDLESS OF CREDIT TERMS**

# TRADE REFERENCES (include present suppliers)

#1

#2

#3

Full Name: _____	Full Name: _____	Full Name: _____
Street Address: _____	Street Address: _____	Street Address: _____
_____	_____	_____
City: State: Zip: _____	City: State: Zip: _____	City: State: Zip: _____
Phone Number: (____) _____	Phone Number: (____) _____	Phone Number: (____) _____
Account #: _____	Account #: _____	Account #: _____

Bank: _____	_____	_____
(Name)	(Street Address)	(City, State, & Zip)
Account #: _____	Contact: _____	

In consideration of Seacrest Foods International, Inc. extending credit, I/we do agree, jointly and individually, to pay for all goods, wares and merchandise supplied. In the event any account is placed with a third party for collection, I/we agree to pay all costs including reasonable attorney fees, court costs and finance charges. I/we also agree to pay invoices in accordance with your terms of sale, which are Net 21 Days from date of invoice.

Seacrest Foods International, Inc. may charge interest on any past due balance at the maximum rate allowed by law with intent calculated from the date of default.

I/we authorize Seacrest Foods International, Inc. to investigate my/our credit history, bank references and any other sources of information deemed necessary to extend credit, and to exchange information with my/our other creditors. I/we certify that all the information provided is correct and current.

I/we agree to immediately notify Seacrest Foods International, Inc. of any change in ownership or form of business. This agreement shall remain in force until written notice of revocation is received by Seacrest Foods International Inc. at 87 Santilli Highway Everett, MA 02149.

(Authorized Signature)	(Title)	(Date)
(Authorized Signature)	(Title)	(Date)

*EQUAL CREDIT OPPORTUNITY ACT "ECOA" POLICY COMPLIANCE: ECOA states that it is unlawful for any creditor to discriminate against with to any aspect of a credit transaction on the basis of race, color religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract): because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Trade Commission. A creditor shall not require the signature of an applicant's spouse or other person, other than a joint applicant, such as principles or partners, on any credit instrument if the applicant qualifies under the creditor's standards of creditworthiness for the amount and terms of the credit requested.*

**MARKETING CONTACT INFORMATION:**

(Please provide contact information for individuals wanting to receive Seacrest Foods International Inc. marketing materials. ie: Quarterly Newsletters, Monthly Sales and E-Newsletter)

Contact: _____	Email Address: _____
Contact: _____	Email Address: _____
Contact: _____	Email Address: _____

FOR OFFICE USE ONLY: ( ) Bank	APPROVED: ( ) Limit _____
( ) References	( ) By _____
	( ) Date _____

ASSIGNED TRUCK ROUTE: \_\_\_\_\_ DELIVERY DAY(S): \_\_\_\_\_