

*Independent Seafoods*

**APPLICATION FOR CREDIT**

P.O. Box 7098  
 5300 Georgia Avenue, West Palm Beach, Fl. 33405  
 TEL (561) 586-2212, (954) 427-1234

SALESPERSON	NO.
DATE MAILED:	
DATE RECEIVED:	

Mail Account Notification to:	Order Attached ( )
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Amount	Deposit
\$	\$

Legal Business Name of Applicant

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

Trade Name	Type of Business
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Address	Tel. No.
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City	State	Zip	County
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Customer No.	How Long In Business	
	This Location: _____	Other Location: _____

Officers or Partners	Name	Title
	Name	Title

Name	Title
Name	Title

Bank	Account Number	Address	City	State	Zip
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**GUARANTEE**

The undersigned (jointly and severally) in consideration of your extending credit to the above named applicant, do hereby unconditionally guarantee payment of all indebtedness, liabilities, or obligations, said applicant shall at any time owe to INDEPENDENT SEAFOODS, or any of its subsidiaries or affiliated companies.

This guarantee shall be a continuing, absolute, and unconditional guarantee and shall remain in full force and effect until expressly revoked by a written notice sent by certified mail, return receipt requested from the undersigned and also, until all of said indebtedness, liabilities, and obligations created before receiving such notice shall be fully paid.

This guarantee extends to and includes any and all interest due or to become due together with any and all costs and expenses, including but not limited to collection agency fees, attorney fees and court costs incurred by INDEPENDENT SEAFOODS or its affiliates or subsidiaries in connection with any matter covered by this guarantee.

**By signing this guaranty I represent that I am owner of the Applicant, intending that you extend credit in reliance on this representation.**

Print Name: \_\_\_\_\_ Signature (Guarantor) \_\_\_\_\_

Date signed \_\_\_/\_\_\_/\_\_\_ Ownership % \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Home Address of Guarantor \_\_\_\_\_ Telephone \_\_\_-\_\_\_-\_\_\_\_\_

Driver License # / State \_\_\_\_\_

Bank Name and address: \_\_\_\_\_

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**CREDIT REFERENCES**

Supplier/Vendor	Type of Business	Address	City, State, Zip
Telephone Number		Email	
Supplier/Vendor	Type of Business	Address	City, State, Zip
Telephone Number		Email	
Supplier/Vendor	Type of Business	Address	City, State, Zip
Telephone Number		Email	
Supplier/Vendor	Type of Business	Address	City, State, Zip
Telephone Number		Email	

**NOTE: WE CANNOT ACCEPT BEER, WINE OR LIQUOR DISTRIBUTORS AS REFERENCES**

**I hereby authorize INDEPENDENT SEAFOODS to contact the above mentioned suppliers/vendors in order to secure credit information.**

Print Name: \_\_\_\_\_

Signature (Required) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_