



31 Jacks Bridge Road
Londonderry, NH 03053

CREDIT APPLICATION

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Approved by: Sarah Cutter

Sales Representative Name:

Trade Name or D.B.A.	Corporate Name:
Ship to Address:	Contact Name:
City: State: Zip Code:	Contact Phone: Contact Email:
Billing Address (If Different From Ship to Address):	Billing Contact:
City: State: Zip Code:	Billing Phone: Billing Email:

The Following Information MUST Be Provided Accurately And In Detail And Will Be Held In Strictest Confidence

Type of Business: Individual	Date of Incorporation: State of Incorporation:
Business Location is: Rented	FEDERAL TAX IDENTIFICATION No:
Requested Line of Credit:	

If Corporation, Name President & Treasurer. If Partnership, Name All Partners. If Sole Ownership, Name of Owner.

Name:	Home Address:	City:	State:	Zip Code:
Title:				
Name:	Home Address:	City:	State:	Zip Code:
Title:				

BANK INFORMATION

Bank Name:	Bank Address:	City:	State:	Zip Code:
Bank Phone Number:	Bank Representative:	Rep. Phone Number:		
Checking Account Number:				

BUSINESS TYPE

Hotel/Inn Institution Supermarket Wholesale Distributor Restaurant Retailer Deli Pizza Other:

Date Business Began: Best Time to Deliver: Year Round Business Seasonal:

TRADE REFERENCES (NO BEVERAGE, CANDY OR TOBACCO)

1.	Name:	Address:	City:	State:	Zip Code:
	Account No.:	Terms:	Phone Number:		
2.	Name:	Address:	City:	State:	Zip Code:
	Account No.:	Terms:	Phone Number:		
3.	Name:	Address:	City:	State:	Zip Code:
	Account No.:	Terms:	Phone Number:		

APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY INVOICES IN ACCORDANCE WITH THE FOLLOWING TERMS:

- All invoices will be paid according to your stated terms.
- I/WE agree to notify you immediately to any change of ownership.
- If the account is placed for collection, I agree to pay all reasonable charges including attorney's fees and further agree that a charge of 20% of the amount of the claim shall be considered reasonable as a fee.
- I/WE hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information now or in the future to the company and/ or Seafax for which credit is being applied for in order to verify the information contained herein and maintain their credit standing.
- A \$40 processing fee may be charged for non-sufficient funds (NSF checks).

In consideration of Prime Source Foods (Seller) selling goods, wares and merchandise upon credit or allowing additional time for payment on the present indebtedness I/We hereby guarantee payment of any and all obligations incurred and agree to personally pay the said obligation(s) in accordance with the terms between parties in the event of default. The signature(s) on this document represents not only authorization on behalf of the company, including an accurate representation of information provided herein, but also represents my/our personal guarantee as noted by the terms herein.

Name:	Signature:	Date:
Name:	Signature:	Date:
Witness Name:	Witness Signature:	Date:

MISSING INFORMATION WILL DELAY PROCESSING OF THIS APPLICATION. Any questions, please call (800) 334-2449.