



CENTERED IN SERVICE

Sales Rep:

Prime Source Foods
31 Jacks Bridge Road
Londonderry, NH 03053
PH: (800) 334-2449 FAX:
1-207-430-3262

Credit Application

Trade Name or D.B.A Corporate Name
Ship To Address Contact Name
City State Zip Contact Phone No. Contact Fax or Email
Billing Address (If Different From Ship To) Billing Contact
City State Zip Billing Phone No. Billing Fax or Email

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

Type of Business Individual Partnership Corporation LLC
Date of Incorporation State in Which Business is Incorporated
Business Location is: Rented Owned 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 Home Phone No.
S.S.# Title
Name Home Address Home Phone No.
S.S.# Title

Bank Information

Name & Address Of Bank
City State Zip Phone No.
Checking Account No.
Bank Representative Phone No.

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 Contact
Account No. Terms Phone No.
1b. Name Address Contact
2. Account No. Terms Phone No.
2b. Name Address Contact
3. Account No. Terms Phone No.
3b. Name Address Contact

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

- 1. All invoices will be paid according to your stated terms.
2. I/WE agree to notify you immediately to any change of ownership.
3. 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.
4. 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.
5. 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.

Print Name (Signature) (Date)
Print Name (Signature) (Date)
Witness Print Name Witness (Signature) (Date)

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