

BLUE RIBBON FISH COMPANY

**800 FOOD CENTER DRIVE
UNIT 67
BRONX, NY 10474
(P) 718-620-8600 (F) 718-620-8607**

APPLICATION FOR CREDIT

Date _____

Company Name _____ D.B.A _____

Address _____ City, State, Zip _____

Phone Number _____ Fax Number _____

Email Address (Optional) _____

____ Corporation. ____ Partnership.

Number of years at this address _____ Number of years in business _____

**NAME OR NAMES OF THE INDIVIDUAL OWNERS OR
PRINCIPAL COORPORATE OFFICERS**

Name

Name

Name

Res.

Res.

Res.

Phone

Phone

Phone

Social Security Num

Social Security Num

Social Security Num

Bank References

BANK: _____ **BRANCH** _____ **LOAN YES () NO ()**

ADDRESS: _____ CHECKING ACCT. # _____

CONTACT: _____ TELE # () _____

Trade Referances

1. _____
2. _____
3. _____
4. _____
5. _____

Terms

- 1.Accounts unpaid 30 days after invoice date and receipt of merchandise are subject to a service charge 18% yearly (.05 per day).
- 2.Blue Ribbon Fish, at its option, may terminate this agreement at any time. Should Blue Ribbon Fish terminate this agreement, all charges incurred shall be immediately due and payable.
- 3.Any bill tendered by Blue Ribbon Fish shall be conclusive as to the correctness, unless written objection is made within 14 days.
4. If it becomes necessary to place with an attorney for collection, any claim for funds due under this agreement, then customer agrees to pay all attorneys' fees.
- 5.By execution of this contract, in the space below, the signatory agrees to be personally liable for payment of all charges even though the customer is indicated to be a corporation, firm or company.
- 6.If any check submitted by you to us is returned to us by our bank as unpaid, your account will be billed a service charge of \$ 40.00

NAME OF APPLICANT (Please Print) _____

AUTHORIZED SIGNATURE _____