



8 SEAFOOD WAY • UNITS 2-3
BOSTON, MA 02210

APPLICATION FOR CREDIT

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

Email address _____

Type of Business ___ Corporation ___ Partnership ___ Sole Proprietor ___ LLC Date Formed _____

Names, addresses and telephone numbers of Principals or Owners:

Bank References

Bank Name _____ Account No. _____

Address _____ Telephone _____

Trade References (include addresses and telephone numbers)

1) _____

2) _____

3) _____

(We) (I) agree to the following conditions:

I agree to pay late charges of 4% per month on all balances over 30 days from date of delivery, as well as collection costs and/or all reasonable attorney fees and court costs.

In consideration of the advancement of credit to _____, doing business at _____, (We) (I) _____ having a financial interest in said _____

hereby personally guarantee payment of any and all obligations past, present, or future incurred by _____ and agree to personally pay the same in the event of the default of payment.

Signed: _____ Title: _____ Date: _____