



**SEAFOOD SUPPLY COMPANY L.P. 1500 E. GRIFFIN ST. DALLAS TX 75215 214-565-1851  
CREDIT APPLICATION**

<b>TRADE NAME:</b> _____	<b>TRADE REFERENCES (FOOD VENDORS PLEASE)</b>
<b>STREET ADDRESS:</b> _____	<b>1. NAME</b> _____
<b>CITY/STATE/ZIP:</b> _____	<b>ADDRESS</b> _____
<b>TELEPHONE</b> _____	<b>PHONE</b> _____
<b>MAILING ADDRESS (IF DIFFERENT)</b>	<b>2. NAME</b> _____
<b>NAME:</b> _____	<b>ADDRESS</b> _____
<b>ADDRESS:</b> _____	<b>PHONE</b> _____
<b>CITY/STATE/ZIP:</b> _____	<b>3. NAME</b> _____
<b>WHERE IS PAYMENT SENT FROM:</b>	<b>ADDRESS</b> _____
_____	<b>PHONE</b> _____
<b>ACCOUNTS PAYABLE CONTACT</b> _____	<b>4. NAME</b> _____
<b>PHONE</b> _____	<b>ADDRESS</b> _____
<b>How long have principals operated this location?</b> _____	<b>PHONE</b> _____
<b>CHECK TYPE OF BUSINESS</b>	<b>5. NAME</b> _____
<b>CORPORATION    PARTNERSHIP</b>	<b>ADDRESS</b> _____
<b>INDIVIDUAL PROPRIETORSHIP</b>	<b>PHONE</b> _____
<b>CORPORATION NAME</b> _____	<b>6. BANK</b> _____
<b>PRESIDENT</b> _____	<b>PHONE</b> _____
<b>HOME ADDRESS</b> _____	<b>PHONE</b> _____
<b>VICE PRESIDENT</b> _____	<b>ADDRESS</b> _____
<b>TREASURER</b> _____	<b>CITY/STATE/ZIP</b> _____
<b>OWNER SS#</b> _____	<b>ACCOUNT NAME</b> _____
<b>OWNER DRIVERS LICENSE#</b> _____	<b>CONTACT PERSON</b> _____
<b>HOME TELEPHONE NUMBER</b> _____	<b>ACCOUNT NUMBER</b> _____
<b>HOME OFFICE ADDRESS</b> _____	<b>How many signatures required on check</b> _____
<b>CITY/STATE/ZIP</b> _____	<b>Authorized Signature(s) on Check</b>
<b>TELEPHONE NUMBER</b> _____	<b>(PRINT)</b> _____
	<b>(SIGN)</b> _____

Have any of the principals in the business declared bankruptcy or been involved in bankruptcies in the last 14 years?    Yes    No

I understand that SEAFOOD SUPPLY CO. is authorized to (a) contact any of the above references and to (b) obtain credit reports necessary to complete its credit checks on myself and my company.

SIGNATURE \_\_\_\_\_  
TITLE \_\_\_\_\_