



NEW ACCOUNT APPLICATION

Legal Business Name _____

D/B/A _____

Billing Address
Street Address City State Zip Code

Shipping Address
Street Address City State Zip Code

Phone Fax Email

Federal Tax ID# _____

Owner's Name _____

Contact Name (Chef) Phone Email

Accounts Payable Contact Phone Email

Bank References (please list one):

Bank Name Phone

Bank Address
Street Address City State Zip Code

Business References (please list two)

1. Business Name Phone

Business Address
Street Address City State Zip Code

2. Business Name Phone

Business Address
Street Address City State Zip Code

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the following terms:

Invoices are due and payable within 15 days of our invoice date. Applicant agrees to pay any cost incurred for collections.

The above information is to obtain credit and is warranted to be true and hereby authorizes a credit bureau employed by SeaWitch Inc. or its affiliates to investigate the above statement and references pertaining to your credit & financial responsibilities.

Authorized Signature Title

Please Print Name Date