



1-866-SCALLOP



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110 Herman Melville Blvd., New Bedford, MA

Nantucket Lightship Scallops

FRESH NEW ENGLAND SEA SCALLOPS



110 Herman Melville Boulevard
New Bedford, MA 02740

Tel: 508-979-1020 ~ Fax: 508-979-1919
www.freshseascallops.com

CREDIT APPLICATION

Date: _____

Company Information

| | |
|--|-----------------------------|
| Full Legal Name _____ | Phone# _____ |
| DBA (if different) _____ | Fax# _____ |
| Address _____ | Email _____ |
| City _____ State _____ | Zip Code _____ |
| Type of Company: _____ Corporation _____ Partnership _____ Limited Liability Company | |
| _____ Sole Proprietor _____ Other (specify) _____ | |
| Federal Tax ID# or Social Security Number _____ | How long in business? _____ |
| State where incorporated _____ | Number of employees _____ |

Ownership Information

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

| Name | Title | Ownership% | Home Address | Home Phone # |
|------|-------|------------|--------------|--------------|
| | | | | |
| | | | | |

Bank Reference

| | | |
|---------------------|----------------|-----------------------|
| Bank Name: _____ | Address _____ | Phone # _____ |
| Contact Name: _____ | Account# _____ | Type of Account _____ |

Trade References

Please list three significant business relationships.

| Name | Address | Phone # | Contact |
|------|---------|---------|---------|
| | | | |
| | | | |
| | | | |

Mortgage Holder/Landlord Information

| | |
|---|--------------------------|
| Do you rent or own premises that the business occupies? _____ | Years at location: _____ |
| Mortgage Holder/Landlord Name: _____ | Contact Person: _____ |
| Address: _____ | Phone#: _____ |

- (1) Has the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/No (If yes under what name _____).

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of NET **30 DAYS**. I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor. Creditor shall include creditor subsidiaries, related companies, and assigns.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation. The applicant further agrees to pay a collection charge in the event of default, if the account is placed with a collection agency or attorney.

Applicant Company Name: _____

Signature: _____ Title: _____ Date: _____

Print Name: _____

Personal Guarantee

The individual signing this credit application / agreement is executing this application on behalf of Buyer and personally guarantees, and agrees to be personally liable for failure of the performance by Buyer of, any and all Buyers' obligations under this application with M&B Sea Products, Inc, including timely payment of any and all sums due to M&B Sea Products, Inc. The personal guarantee also applies in the event the Buyer declares Bankruptcy or applies for Bankruptcy protection.

Signature: _____ Date: _____

Guarantor's Name: (Please Print) _____ Social Security Number: _____

Once completed, please email to erin@freshseascallops.com or fax to 508-979-1919.