

GOTHAM SEAFOOD CORPORATION
1049 LOWELL STREET
BRONX, NEW YORK 10459
PH: (212) 268-9169 FAX: (212) 268-8999
APPLICATION FOR CREDIT

FOR OFFICE USE ONLY

TERMS

APPROVED BY

DUE TO OPEN:

DATE BUSINESS STARTED:

CORPORATE NAME:

D/B/A:

ADDRESS:

CITY/STATE:

ZIP:

BOOKKEEPER:

PHONE:

FAX:

E-Mail:

BUYER:

PHONE:

FAX:

E-Mail:

DATE INCORPORATED:

FED ID#

OF SEATS

LEASE:

IF YES # YEARS LEFT

OWN:

YES NO

YES NO

INDIVIDUAL OWNER, PRINCIPAL PARTNERS OR CORPORATE OFFICERS

NAME:

TITLE:

SS#:

NAME:

TITLE:

SS#:

TRADE REFERENCES: NO BEVERAGE REFERENCES PLEASE

COMPANY:
(BAKERY)

PH:
FAX:

COMPANY:
(DAIRY)

PH:
FAX:

COMPANY:
(PRODUCE)

PH:
FAX:

COMPANY:
(MEAT)

PH:
FAX:

COMPANY:
(LINEN)

PH:
FAX:

BANKING INFORMATION

BANK:

ACCOUNT:

ADDRESS:

CONTACT:

PH:

FAX:

TERMS REQUESTED (circle one) C.O.D - 7 DAYS - 14 DAYS - 21 DAYS - 28 DAYS

Upon verification of the foregoing, information by Gotham Seafood Corporation (vendor) and its authorized agents and any subsequent approval of any such credit amounts and terms as established by the vendor, is hereby agreed that: _____ (owner, and or principal of property) shall tender complete payment of all invoices rendered within the terms and due date thereon for any merchandise supplied by the vendor. It is further agreed that any payment received after said terms shall be subjected to a 1.5% per month 18% on annual interest and that any fees or cost incurred by collection of said amounts, including but not limiting attorney fees and court costs shall be borne entirely by the owner/principal.

SIGNATURE: _____ PRINT _____ DATE: _____

OWNER

SEE ORIGINAL PAGE FOR OWNER SIGNATURE
 APPLICATION MUST BE FILLED OUT COMPLETELY

BANK AUTHORIZATION FORM

TO: _____

To Whom It May Concern:

Please provide Gotham Seafood with information regarding the credit and loan histories with your bank for the undersigned Individual or company.

I hereby authorized the release of the is information for credit purposes:

Trade Name: _____

Corporate Name: _____

Authorized Signature

Print Name of Person Signing

Title

Date: _____