



5495 Traffic Way, Atascadero, CA 93422
1-800-27-FISH-1 or (805)462-FISH

CREDIT APPLICATION

In order to qualify to do business with Central Coast Seafood, Inc., the applicant hereby represents that all financial statements submitted in connection herewith and the information in this application are true, complete and correct. Customer authorizes Central Coast Seafood, Inc. to investigate all credit references, bank accounts and any other matters pertaining to the customer's financial condition. Central Coast Seafood, Inc. will periodically require an updated application.

DATE _____ NAME OF BUSINESS _____
DBA _____

Mailing Address _____ City _____ Zip _____

Billing Contact _____ Phone (____) _____ Fax (____) _____

Delivery Address _____ City _____ Zip _____

Purchasing Agent(S) _____

Phone (____) _____ Fax(____) _____ Email _____

Type Of Business _____ Date Started _____

OWNERSHIP: Corporation Partnership Proprietorship LLC

Fed Id # _____ State Of Incorporation _____

Premises: Leased Owned

Name Of Parent Company _____

CORPORATIONS:
PRESIDENT _____ PHONE (____) _____

Address _____

SECRETARY _____ PHONE (____) _____

Address _____

If partnership/proprietorship/LLC: Please list all owners
Corporations: Please list shareholders (please attach list if more than 3)

NAME / SS Number	Drivers Lic #	Home Address	Home Phone
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK _____ ACCOUNT NUMBER _____

ADDRESS _____ PHONE (____) _____

ACCOUNT EXECUTIVE _____ PHONE (____) _____

NAME OF BUSINESS APPLYING: _____

MAJOR SUPPLIERS

(Please list four trade references that you are currently doing the largest amount of business with – excluding alcohol business)

NAME	What do you buy?	Account Number	Phone #
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____
_____	_____	_____	(____)_____

PAYMENT TERMS: Payments for Central Coast Seafood are due and payable on the 10th day of the month following the month of purchase. A charge of 1.5% per month shall be added to all delinquent accounts. A charge of \$20.00 shall be applied to accounts for each returned check. To avoid delinquency charges, all payments must be received by the due date at the office of: Central Coast Seafood, PO Box 2822, Atascadero, CA, 93423-2822.

GUARANTY: In order to encourage Central Coast Seafood to extend credit, the undersigned (jointly and severally, if more than one) personally guarantee the payment to Central Coast Seafood, when due of any indebtedness heretofore and hereafter incurred for goods sold by company to customer, plus all costs and expenses, including interest, delinquency charges, court costs and reasonable attorney fees, incurred in the collection of such indebtedness of the enforcement of the guaranty, whether or not suit is filed hereon.

Guarantors agree that their obligations under this guaranty are joint and several, and are independent of the obligations of customer, and that a separate action may be brought against guarantors, or any of them, whether or not an action is commenced against customer.

In the event litigation is commenced between the parties, the prevailing party shall be entitled to recover court costs and reasonable attorney fees. Any legal proceedings shall be commenced and maintained in San Luis Obispo County, California, which is the place of payment and performance of this guaranty.

I declare that I am authorized to sign on behalf of the business stated herein and that I have read and understand the above, signing of my own free will.

SIGNATURE OF GUARANTORS (Sign as individuals)

1) Signature _____
Print Name _____
Title/Relationship _____
Date _____
Residence Address _____

City _____ State _____
Zip _____ Phone(____) _____
Social Security # _____
Driver's Lic # _____
Date Of Birth _____

3) Signature _____
Print Name _____
Title/Relationship _____
Date _____
Residence Address _____

City _____ State _____
Zip _____ Phone(____) _____
Social Security # _____
Driver's Lic # _____
Date Of Birth _____

2) Signature _____
Print Name _____
Title/Relationship _____
Date _____
Residence Address _____

City _____ State _____
Zip _____ Phone(____) _____
Social Security # _____
Driver's Lic # _____
Date Of Birth _____