



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

www.ccseafood.com

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

City License # _____ City _____

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 (____) _____

PAYMENT TERMS: Central Coast Seafood may elect to extend payment terms, dependent upon an applicant's financial stability, credit history, and length of time in business. An account's payment preference may be considered when granting terms. If you have a preference to be considered, please indicate that here: _____ COD _____ Net 7 days _____ Net 15 days _____ Net 21 days

FINANCE CHARGES: Payments for Central Coast Seafood are due and payable according to the account terms granted. A charge of 1.5% per month shall be added to all delinquent accounts. 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.

NSF CHECKS: A charge of \$20.00 shall be applied to accounts for each returned check. NSF checks must be repaid in full within 5 business days of the date the check is deemed insufficient.

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.

CORPORATE GUARANTEE: A corporate guarantee may be given in lieu of a personal guarantee and requires signatures from both the president and one additional officer of the corporation. If your establishment is part of a corporation, please check here and submit the appropriate signatures below.

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 _____
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Title/Relationship _____
Date _____
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CREDIT REFERENCE REQUEST / AUTHORIZATION

I acknowledge that we are seeking to establish credit with Central Coast Seafood. We are providing the company listed below as a credit reference and I therefore authorize that the company listed may furnish credit information to Central Coast Seafood.

NAME OF BUSINESS APPLYING FOR CREDIT: _____

AUTHORIZED AGENT: _____

SIGNATURE: _____

CREDIT REFERENCE REQUESTED FROM:

COMPANY NAME: _____

PHONE: _____ **FAX:** _____

CONTACT PERSON: _____ **ACCT #:** _____

CREDIT RATING: (TO BE COMPLETED BY NAMED REFERENCE ONLY)

DATE ACCT ESTABLISHED: _____

PYMT TERMS: _____ **CURRENT BALANCE:** _____

LAST PURCHASE: _____ **NSF CHECKS ? :** _____

CREDIT LIMIT: _____ **HIGH LIMIT:** _____

PYMT TREND: **PROMPT** **SLOW** **AVG DAYS TO PAY:** _____

COMMENTS: _____

PREPARED BY: _____

SIGNATURE: _____

DATE: _____

PLEASE FAX COMPLETED CREDIT RATINGS TO
CENTRAL COAST SEAFOOD CREDIT MANAGER
805-464-5243



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