

WesternEdge
SEAFOOD

CREDIT APPLICATION

IN RESPONSE TO OUR TELEPHONE CONVERSATION, PLEASE PROVIDE US WITH THE INFORMATION LISTED BELOW. THIS WILL ENABLE US TO EXPEDITE YOUR FUTURE ORDERS. WESTERN EDGE LOOKS FORWARD TO DOING BUSINESS WITH YOU.

BUSINESS NAME _____ OWNER'S NAME _____

BUSINESS TEL _____ BUSINESS FAX _____

YEARS ESTABLISHED _____ CONTACT NAME _____

BILLING ADDRESS _____

SHIPPING ADDRESS _____

EMAIL ADDRESS _____

NAME OF BANK _____ CONTACT NAME _____

ACCOUNT NUMBER _____ FEDERAL ID # _____

BANK PHONE _____ BANK FAX _____

TRADE REFERENCES

1. COMPANY NAME _____ CONTACT NAME _____

TELEPHONE # _____ FAX # _____

2. COMPANY NAME _____ CONTACT NAME _____

TELEPHONE # _____ FAX # _____

3. COMPANY NAME _____ CONTACT NAME _____

TELEPHONE # _____ FAX # _____

4. COMPANY NAME _____ CONTACT NAME _____

TELEPHONE # _____ FAX # _____

BANK AUTHORIZATION SIGNATURE

THE SIGNATURE BELOW INDICATES THAT I (PRINT NAME) _____ AM AUTHORIZED AND GIVE PERMISSION TO WESTERN EDGE SEAFOOD, TO OBTAIN BASIC INFORMATION REGARDING THE ACCOUNT LISTED ABOVE ON THIS FORM.

SIGNATURE _____ DATE _____

THANK YOU FOR YOUR COOPERATION. PLEASE SIGN, DATE, AND FAX RESPONSE TO:

ASHLEY VICTORIA - CREDIT MANAGER

ASHLEY@WESTERNEDGESEAFOOD.COM

TEL. 724.228.6680 FAX. 724.884.1482 ALT FAX: 724.228.6691