

# 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