



Restaurant Ready® Mussels, Clams, and Oysters Shipped Daily!

165 Tidal Drive  
 North Kingstown, RI 02852  
 Phone 401-294-8999  
 Fax 401-294-0449

**CREDIT APPLICATION**

Date: \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_

**Company Information**

Name: _____	Phone# _____
DBA (if different) _____	Fax# _____
Address _____	Email _____
City _____ State _____	Zip Code _____
Type of Company:    ___ Corporation                      ___ Partnership                      ___ Limited Liability Company	
___ Sole Proprietor                      ___ Other (specify) _____	
Federal Tax ID# or Social Security Number _____	How long in business? _____
State where incorporated _____	Number of employees _____
How did you hear about us? _____	

**Ownership Information**

Please complete the below information for all officers, partners, members and owners. Please attach a separate sheet of paper if more space is required.

Name	Title	Ownership%	Home Address	Home Phone #

**Bank Reference**

Name of Bank: _____	Bank Address _____	Phone # _____
Contact Name: _____	Account# _____	Type of Account: _____

**Trade References**

**Please list three significant business relationships.**

Name	Address	Phone #	Contact

**Mortgage Holder/Landlord Information**

Do you rent or own premises that the business occupies? _____	Years at location: _____
Mortgage Holder/Landlord Name: _____	Contact Person: _____
Address: _____	Phone#: _____

- (1) Have the company or any officer, partner, member, or owner ever filed for bankruptcy? Yes/No (If yes attach detail)
- (2) Has your company or any company that any officer, partner, member or owner been associated with as an officer, partner, member, or owner ever had credit with us before? Yes/No (If yes under what name \_\_\_\_\_).

By signing below, I certify that I have the authority to bind the company to this agreement, and that I agree to creditor's terms of sale of Net 7 days, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.

The information given herein is offered as part of a request by the applicant for an extension of credit for commercial business use. The information provided is represented by the applicant to be true, correct and complete. The Applicant authorizes Creditor to investigate all credit references and other sources pertaining to our credit and financial responsibility. The undersigned authorizes its banks and trade creditors to provide Creditor with complete information for the purpose of credit evaluation.

Applicant Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Personal Guarantee**

In consideration of any credit extended, the undersigned will personally guarantee full and prompt payment of all indebtedness of _____ incurred for merchandise provided by American Mussel Harvesters, Inc.	
(Your company name)	
This personal guarantee shall remain in force until its revocation is acknowledged in writing by _____.	
(Individual signing Personal Guarantee)	
Revocation shall not affect indebtedness incurred prior to receipt of written notice.	
Individual Signature: _____	Date: _____
Print Name: _____	Social Security Number: _____