



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creditor's terms of sale of Net 7 days, I also agree and accept that the credit limit and credit terms maybe changed or withdrawn at the sole discretion of the creditor.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: _____