

PHONE (318) 222-9504 FAX (318) 424-2029 Farmersseafood2@gmail.com

"If It Swims, We Sell It"

P. O. BOX 1225

SHREVEPORT. LA. 71163

1192 HAWN AVE. SHREVEPORT, LA 71107

## "If It Swims, We Sell It"

## **COMPANY CREDIT APPLICATION**

I/We hereby apply for credit and certify that the information below is correct. Our understanding is that this information is for the use of your credit department only and will be held in the strictest confidence.

MAILING ADDRESS		CITY		ST	ZIP
MUNICIPAL ADDRESS		C	CITY		_ZIP
PHONE: ()	CEI	LL: ()	FAX	:()	
EMAIL ADDRESS:		Accounts Payable Contact:			
ГҮРЕ OF OWNERSHIP:	CORP	PARTNERSI	HIPSU	JBSIDIARY OF	
PRINCIPAL OWNERS: NAMES	SSN#	Driver's License	POSITION	ADDRESS	
1)					
2)					
3)					
LENGTH OF TIME IN BUSIN	NESS	FEDERAL TAX ID #/SSN#:	:		
REFERENCES: CURRENT V	ENDORS DOING BUSINESS	ON A CREDIT BASIS:			
NAME	ADDRESS		PHONE #		
1)					
2)					
BANK REFERENCES:					
NAME	ADDRESS	PHONE #		ACCOUNT #	
1)					
2)					
I/We the below sterms if credit is extended and Seafood Company obtaining credit to the Company, to deterwent this account is referred to above information is furnished	redit records of the Company a rmine the Company's continue o any attorney for collection, I	n all past due accounts at the and any of the personal guara ed credit worthiness, and to un We agree to pay reasonable a	maximum allowed by law ntors, including credit rep ndertake efforts to collect	. The undersigned of the courts, in order to all any balance owed o	consents to Farmer's ow for the extension of on the account. In the
CUSTOMER NAM	<u></u>	TITLE	-	DATE	
FOR VALUE RECEIVED, and		Continuing Guaranty		10 :	1 64
			and upon cradit to the abo	wa namad I netama	

DATE	GUARANTOR