



Wholesale Dealers of Fresh & Frozen Seafood
P.O. Box 3007, 290 Shore Road, Bourne, MA 02532
Telephone 508-759-6400
Fax: 508-759-5890

CREDIT APPLICATION

Business name: _____ Phone: _____

D/B/A: _____ Fed. ID No. _____

Billing address: _____
(Street) (City) (State) (Zip code)

Business location: _____
(Street) (City) (State) (Zip code)

Owned: Rented: Years in business: _____

Type of Organization: Proprietorship: Partnership: Corporation: Other: (specify) _____

Major owner(s) if Proprietorship or Partnership:

1. _____
(Name) (Title) (Soc. Sec. No.) (Home address)

2. _____
(Name) (Title) (Soc. Sec. No.) (Home address)

3. _____
(Name) (Title) (Soc. Sec. No.) (Home address)

4. _____
(Name) (Title) (Soc. Sec. No.) (Home address)

TRADE REFERENCES: (minimum 3)

(Name) (Address) (Account No.) (Contact)

(Name) (Address) (Account No.) (Contact)

(Name) (Address) (Account No.) (Contact)

