

FRESH ISLAND FISH CO., INC.

WHOLESALE CREDIT APPLICATION AGREEMENT AND GUARANTEE

Please fax completed credit form to: (808) 893-0478

APPLICATION:

BUSINESS NAME: _____ FEDERAL TAX ID #: _____

ADDRESS: _____ PHONE () _____

_____ FAX () _____

FORM OF ORGANIZATION: _____ Sole Proprietorship _____ Partnership _____ Corporation

TYPE OF BUSINESS: _____ YEAR BUSINESS BEGAN _____

NAME & ADDRESS OF PRIOR BUSINESS OR LOCATION IN THE LAST 3 YEARS:

Dun & Bradstreet #: _____

BUSINESS OWNERS / OFFICERS:

Name Name Name

Title Title Title

BANK: _____ CHECKING ACCOUNT #: _____

CONTACT: _____ () _____ SAVINGS ACCOUNT #: _____
Name Branch Phone

TRADE REFERENCES:

Name City Phone Fax

Name City Phone Fax

Name City Phone Fax

AGREEMENT: I/We understand that Fresh Island Fish Co. Inc. terms of sale are net 7 days. I/We agree to pay a finance charge of 1.5% on invoice balances over 30 days old.

SIGNED: _____ BY ITS: _____
(AUTHORIZED SIGNOR FOR COMPANY)

DATE: _____

GAURANTEE: I/We unconditionally guarantee payment of all obligations to Fresh Island Fish Co. Inc. incurred by the above business. In the event of any litigation related to this agreement Fresh Island Fish Co. Inc. will be entitled to its costs as well as reasonable legal fees. I/We also agree to submit to legal jurisdiction in the city of Wailuku, County of Maui, State of Hawaii.

SIGNED: _____ DATE: _____

NAME OF GUARANTOR AND TITLE: _____

MAUI
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