

# 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**  
312 Alamaha Street Unit G  
Kahului, Maui, Hawaii 96732  
Ph: (800) 628-3329 Fax: (808) 893-0478