

# Reliant Fish Company

**QUALITY, SERVICE, TRUST**

7701 Assateague Drive, Jessup, MD 20794 • 410-799-7555 • Fax 410-799-8255 • info@reliantfish.com

## Wholesale Account Credit Application

Please complete all applicable fields, then email to info@reliantfish.com or fax to 410-799-8255. Fields marked with \* are required.

### ACCOUNT INFORMATION

Date	Business Type (Sole proprietor, LLC, corp., partnership)	Doing Business As (DBA)
Concept Type (Restaurant, market, distributor, caterer)	Website	Referred By / Sales Associate
Sales Tax Exempt (Yes / No)	Resale / Tax Exemption Certificate #	Anticipated Monthly Volume
Requested Terms (COD, Net 7, Net 14, Net 30)	Requested Credit Limit	

### BILLING INFORMATION

Full Legal Business Name \*

Business Phone	Fax	Email *
Address		
City	State	Zip Code
Previous Business Address		
Billing Address (if different from above)		

### ORDERING / OPERATIONS CONTACT

The person who places orders day to day (chef, kitchen manager, or buyer).

Name	Title
Cell Phone	Direct / Office Phone
Email	

### ACCOUNTS PAYABLE CONTACT

Where invoices and billing questions should be directed.

Name	Phone
Email	

### DELIVERY & RECEIVING

Delivery Address (if different from above)

Preferred Delivery Days (e.g. Mon, Wed, Fri)	Receiving Hours
On-Site Receiving Contact	Receiving Contact Phone
Delivery Instructions (dock, gate code, buzzer, parking, or other notes)	

## BUSINESS CREDIT INFORMATION

Principal Authorized Officer(s)

Title

Person to Contact Regarding Account

Title

Contact Cell Phone

Contact Email

Taxpayer ID Number

In Business Since

Number of Locations

Company Annual Revenue (< or > \$1,000,000)

## BANK REFERENCE

Bank Name

Bank Phone Number

Bank Address (Street, City, State, Zip)

## PROFESSIONAL REFERENCES

Reference 1 (Company, Contact, Address, Phone)

Reference 2 (Company, Contact, Address, Phone)

Reference 3 (Company, Contact, Address, Phone)

## PERSONAL GUARANTEE

Required for sole proprietorships, partnerships, professionals, unincorporated or newly-incorporated businesses, or applicants with annual revenue under \$1,000,000. By completing this section you agree to be personally liable for any unpaid amounts and authorize Reliant Fish Company to investigate your personal credit and financial records.

Guarantor Full Name

Social Security Number

Home Phone Number

Present Home Address (Street, City, State, Zip)

## AUTHORIZATION

By signing below you certify that all information provided is true and correct, that you are authorized to sign on behalf of the applicant, and that you agree to the terms and conditions of a charge account with Reliant Fish Company.

Signature of Authorized Officer \*

Date

Print Name

Title