

# TICHON SEAFOOD CORPORATION

7 Conway Street  
New Bedford, MA 02740  
Tel (508) 999-5607 Fax (508) 990-8271



## APPLICATION FOR CREDIT

Business Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Shipping Address: \_\_\_\_\_ A/P Contact: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Fed I.D. #: \_\_\_\_\_

## CORPORATE OFFICERS

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Title: \_\_\_\_\_

## BANK REFERENCES

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Account #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

## TRADE REFERENCES

Name of Business: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The above information is for the purpose of obtaining credit and is warranted to be true. I (we) hereby authorize the Tichon Seafood Corp. to whom this application is made to investigate the references listed pertaining to my (our) credit and financial responsibility.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete and return to the above address or fax it back to (508) 990-8271, thank you.**

*producers of quality seafoods*