



INDEPENDENCE FISH COMPANY

661 WEST GERMANTOWN PIKE - SUITE 206
P.O. BOX 803
PLYMOUTH MEETING, PA 19462-0803
PH: 610 940-9227 FAX: 866 876-6720

CREDIT APPLICATION AGREEMENT

1. Business Name and Address:

2. Bill To:

Telephone Number: () - Fax Number () -

3. Type of entity *Check one:* Corporation ____ Partnership ____ Proprietorship ____

Date Business Started: _____

4. Corporate Officers

Name _____	Name _____
Address _____	Address _____
Address _____	Address _____
Phone# _____ S.S # _____	Phone # _____ SS# _____

5. Trade References:

1. _____	_____	_____
Name	Address	Tel. No.
2. _____	_____	_____
Name	Address	Tel. No.
3. _____	_____	_____
Name	Address	Tel. No.
4. _____	_____	_____
Name	Address	Tel. No.

6. Banking:

Bank Name _____ Officer _____
Address _____ Checking Account _____
City, State, Zip _____ Bank Phone _____

7. Real Estate Owned:

1. _____	_____	_____
Address	County	State
2. _____	_____	_____
Address	County	State

AMOUNT OF ANY MORTGAGES: _____

TITLE IN NAME OF: _____



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8. CREDIT EXTENSION TERMS OF AGREEMENT

1. DEFAULT AND LATE CHARGES: If credit is granted, in consideration thereof and delivery of merchandise, undersigned(s) agrees that all balances shall be deemed in default if not satisfied within thirty (30) days, from date of delivery, and agrees to pay late charges of 1.5% per month on all balances over 30 days, from date of delivery. Until credit is granted, payment will be accepted by check or cash.

2. GUARANTEE OF PAYMENT AND CERTIFICATION OF INFORMATION: Undersigned(s) certifies that all information provided on this form is accurate and, in consideration of the sale, delivery, and granting of credit of merchandise by **Independence Fish Company**., to the person(s) or company to whom credit is extended pursuant to this Application Agreement, the undersigned(s) unconditionally, jointly, severally, and individually guarantees payment for all purchases made by said person(s) or company.

3. WARRANT TO CONFESS JUDGEMENT: The undersigned(s) does hereby authorize and empower any attorney of any court of record of Pennsylvania or of any other state to appear for said person, person(s), or company and confess judgment in favor of **Independence Fish Company**., in the amount of balance deemed to be in default pursuant to this Application Agreement, together with all costs of suit and expenses, late charges, interest accruing from the initial date of default on balance at a rate of 15% per annum, and with 25% on total thereof added for attorneys fees.

Undersigned(s) hereby waives and releases all errors, defects, and imperfections whatever in the entering of judgment, and agrees that no Motion or Rule to open or strike off judgment, or Motion to stay or set aside execution shall be made; and no Writ of Error or Appeal shall be taken.

Undersigned(s) further agrees that the right empowered to appear and to enter or confess judgment and the right to assess damages under any such judgment shall be exercisable any number of times and shall not be exhausted by one or more uses, whether defective or otherwise and, under warrant to confess judgment, this Credit Agreement, or a true and correct copy thereof, shall be sufficiently warrant.

In any procedure or action to enter judgment by confession for money pursuant to the above, **Independence Fish Company**., shall first cause to be mailed, by regular mail, to the undersigned(s) a letter notifying said person, persons, or company of balance in default and amount, including late charges thereon, due and owing, with opportunity to pay default debt, in full, within 10 days from date of such notice.

Undersigned(s) further authorizes the Prothonotary or any clerk of record to issue a Writ of Execution or other process against real or personal properties to enforce any money judgment obtained hereunder.

Undersigned(s) hereby verifies that they have read the foregoing terms and conditions of Credit Application Agreement, fully understand same, and have complied with providing all information requested to be provided.

By: _____
Signature/Title
Authorized Signature (Owner or Officer Only)

For: _____
Company Name (Print)

Dated: _____ By: _____
Signature/Individually



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Customer Profile

Company Name _____

Shipping Address _____

Billing Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Phone # _____ Fax # _____

Phone # _____ Fax # _____

Contacts

Purchasing Contacts

Accounts Payable Contact

Name _____

Name _____

Phone # _____ Ext # _____

Phone # _____ Ext # _____

email _____

email _____

Name _____

Phone # _____ Ext # _____

email _____

Delivery of Documents

Please fill in any or all of the spaces below to insure that you receive the documents in the manner you prefer.

Sales Confirmation Fax _____ email _____

Invoice Fax _____ email _____ Mail: []

Statement Fax _____ email _____ Mail: []