

Lindy's Seafood, Inc.
1548 Taylors Island Road
Woolford MD 21677
www.lindysseafood.com

Credit Application



Business Name: _____ Phone: _____ Fax: _____

DBA: _____ Email Address: _____

Shipping Address: _____ Billing Address: _____

Amount of Credit Requested: \$ _____ At Current Location for _____ years/months

Type of Business: _____ Date Established: _____

Former Business Name: _____ Address: _____

Ownership/Co Type: Sole Proprietorship Partnership Corporation FEIN#: _____

Principal/Officer: _____
(name) (title) (SS#)

Principal/Officer: _____
(name) (title) (SS#)

Principal/Officer: _____
(name) (title) (SS#)

- Number of Employees: _____ Do you require a P.O.? Yes No
- Are you Sales Tax Exempt? Yes No State Exemption #: _____

(NOTE: A signed current copy of the Exemption Form must be attached in order for exemption to be considered valid.)

TRADE REFERENCES

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

Phone: _____ Phone: _____ Phone: _____

Fax: _____ Fax: _____ Fax: _____

BANK REFERENCE

(Name) (Address) (Account #) (Contact)

Have you, your firm or any of its principals ever been placed for collection, had liens filed against them, had legal action taken against them or filed for Bankruptcy? Yes No

If yes, please explain

Any misinterpretation in this application will be considered evidence of fraud, since this information is the basis for the extending of credit. As an inducement to grant credit, the undersigned warrants that the information submitted is true and correct. All information submitted is considered confidential. You are authorized to investigate the applicant's credit and that of the principals listed and to contact the credit references.

In consideration for the extension of credit, said business promises to pay for all purchase within the terms agreed (10th of the month following billing statement) and agrees to pay a service charge of 1.5% per month, (18% annual percentage rate) on all past due balances. In the event, any third parties are employed to collect any outstanding monies owed by said business, the undersigned agrees to pay reasonable collection costs, including attorney fees, whether or not litigation incurred. The undersigned represents that he/she has the authority to execute this credit agreement on behalf of the business identified. Any account that goes and remains inactive for a period of 6 months from the date of last invoice is subject to review and or change.

Name of Business, or Proprietor _____

(Print Name)

(Title)

(Signature)

Personal Guarantee

In consideration for Lindy's Seafood, Inc., extending credit to the business identified below for any materials and/or services after this date at the request of applicants or its agents, the undersigned individual hereby personally guarantees unconditionally and irrevocably the prompt payment of any sums now or hereafter owed to Lindy's Seafood, Inc., by the business identified below whether said sums are due under open account, contract or otherwise.

It is understood and agreed that credit, if extended, is to be on a continuing basis and may exceed estimated maximum credit limit required as stated in the credit agreement between Lindy's Seafood, Inc., and the business. Lindy's Seafood, Inc., shall not be obligated to notify the undersigned of the dates or amounts of any such credit and the undersigned waives demand, notice of default and any extension of time or any other forbearance which may be extended by Lindy's Seafood, Inc.

This guaranty shall continue in force until notice in writing, sent by registered or certified mail, return receipt requested, is received by Lindy's Seafood, Inc. Said notice shall specify the date on which this guaranty is to be terminated, said date not to be less than seven days after such notice is received. Such termination shall in no way release the undersigned as to any sum or debt incurred prior to such termination.

Date: _____

Name: _____

Home Address: _____

Home Phone: (____) _____

SS#: _____

Signature of person guaranteeing payment: _____

Name of Business whose account is guaranteed: _____

Credit Department Use Only

Date: _____

Line of Credit: Approved / Denied

Amount: _____

Comments: