SEAFOOD DOCTOR INC.

4848 Airway Drive, Central point, OR 97502
Phone 541-774-9409 Fax 541-774-9412

APPLICATION FOR CREDIT

Full Business Name_____

And/or dba_____

Address_____ **Telephone**_____

City_____**State**_____**Zip**_____**Fax**_____

Shipping Address(if different)_____

Type of Business_____**Corporation**_____**Partnership**_____**Sole**_____

Number of years in Business_____**Building**_____**Owned**___**Leased**___

Accounts Payable Contact:_____

Complete the following reguarding each major shareholder,principal or partner:

Name	Home Address	Title
1)		
2)		
3)		
4)		

Bank References:

Bank Name-Officer	Address	account#	Telephone#	Fax#

Trade References: List 4 Major Suppliers(preferably wholesale food suppliers)

Company Name Contact Address Telephone# Fax#

1) _____

2) _____

3) _____

4) _____

THE PARTIES HEREBY AGREE THAT ALL PURCHASES MADE ARE SUBJECT TO THE FOLLOWING TERMS AND CONDITIONS:

1) **We understand and accept that:**

   A) Our terms of payment to the Seafood Doctor Inc. are 30 days from invoice date;
   B) Claims on merchandise must be made within 7 days after date of delivery;
   C) No Seafood product can be returned without our express authorization and the product must be in original container/ packaging;
   D) Checking of credit references may take 72 hours. Credit approval will be made by an officer of the Seafood Doctor Inc.

2) **Even though the Seafood Doctor Inc. may render statements periodically, we recognize that rendering or not rendering such statements in NO way affects the due dates, terms or conditions of their invoices.**
3) **We agree to pay carrying charges of 1.5% per month or 18% annually on all past due balances.**

4) **I certify that the above statements are true and made for the purpose of obtaining credit with the Seafood Doctor Inc.. I understand the credit policy and agree to absorb all reasonable expenses for collection(including attorney fees) to resolve discrepancies. My signature authorizes you to investigate the references and bank accounts listed above pertaining to our credit and financial responsibility.**

Applicant's Signature:_____

Title:_____

Date:_____

Please return to:

Seafood Doctor Inc.

4848 Airway Drive
Central Point, OR 97502
Phone# 541-774-9409
Fax# 541-774-9412
information@seafooddoctor.com