



174 NW. 9th Avenue
 Mulberry, Florida 33860
 Phone: 863-943-4835
 Fax: 863-943-4836

CREDIT APPLICATION

COMPANY INFORMATION

DATE: _____

NAME OF THE FIRM OR INDIVIDUAL: _____

Telephone: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is a Purchase Order required? _____

Name of individual with authorization: _____

To whose attention should invoices be sent? _____

Is your work taxable? _____ if not, please attach signed certification and list your tax exempt or resellers number:

BANKING INFORMATION

Bank Name: _____ Account Officer: _____

Phone: _____ Fax: _____

Checking Account #: _____

If you wish to pay by credit card, please provide information below:

Card Number: _____ Type: _____ Exp. Date _____

TRADE REFERENCES

PLEASE SUPPLY THE NAME, ADDRESS AND TELEPHONE NUMBER FOR THREE OF YOUR PRESENT SUPPLIERS WHO WE CAN CONTACT FOR CREDIT REFERENCES:

1. _____

2. _____

3. _____

PERSONAL GUARANTEE

For value received and in order to induce Harris Seafood to extend credit to the above name account. I, the undersigned, hereby personally guarantee prompt and full payment when due of any and all debts to Harris Seafood arising out of sales or advances by Harris Seafood to the above name account, including late charges, attorney fees and disbursements. This is a continuing guarantee and can not be revoked under any circumstances. Notice of Acceptance of this guarantee is waived. Use of corporate titles shall in no way limit the liability of this signatory. This is an absolute and continuing unconditional guarantee of payment.

Print Name: _____ Title: _____

Signed by: _____ Date: _____ SS# _____

TERMS AND CONDITIONS:

By execution of this instrument, buyer ratifies and agrees to the following terms. In the event there is a default in payment of any invoice, a late charge will be imposed in the amount of 5% interest rate per month of the unpaid balance and future orders will be on a C.O.D. basis until account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____

OFFICE USE ONLY

MAXIMUM ORDER LIMIT: \$ _____ APPROVED BY: _____ DATE: _____

MAXIMUM CREDIT LIMIT: \$ _____ REVIEWED BY: _____ DATE: _____

MAXIMUM PAYMENTS TERMS: _____ METHOD OF PAYMENT: _____ EFFECTIVE DATE: _____



HARRIS SEAFOOD QUESTIONNAIRE FORM

Company Name: _____

Chef or Kitchen Manager: _____

Contacts:

1. _____

2. _____

3. _____

4. _____

Requested Delivery Time: _____

Specifications and Notes (please explain any preferred sizes of products or cuts like skin on, skin off, etc):

Preferred Method of Contact: _____

Accounts Payable Contact: _____

Are you interested in receiving our daily offers? If so what method of delivery about our daily offers would you prefer? (Text, email, fax, etc.)



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HARRIS SEAFOOD ORDERING PROCEDURES AND DELIVERY SCHEDULE

- We deliver 6 days a week. Every day but Sunday.
- We will strive to have your order to you close to the time you would like, but of course, there are times when traffic or vehicle issues occur. We will contact you if your delivery will be more than two hours later than your usual delivery time.
- We appreciate orders to be placed the night before delivery, but we will fill orders placed all the way up until 9am in extreme cases.
- To order please call our 24 hour order line: **407-567-7774**. If you wish to speak to someone during operating hours call: **863-943-4835** or call Harris direct line: **863-397-0242**.
- If you have any questions, please do not hesitate to call us.