



BLUE ISLAND Shellfish Farms

Legal Business Name: _____

Trade Name (D.B.A.): _____ Federal Tax ID Number: _____

Restaurant Name: _____

Type of Business: _____ Web address: www. _____

Corporation () Partnership () Sole Proprietorship () Year established _____

Billing Address

Shipping Address

Purchaser's name: _____ E-mail: _____

Purchaser's Phone: _____ Fax: _____

Accounts Payable Contact: _____ E-mail: _____

Accounts Payable Phone: _____ Fax: _____

Blue Island Shellfish Farms, Inc. requires full payment of all invoices on **NET 15-DAY TERMS** from the invoice date unless amended terms are authorized in writing by Blue Island Shellfish Farms, Inc. Balances remaining over 30 days from the invoice date are subject to late charges of 1.5% per month. Balances remaining over 60 days from invoice date will be considered in default and buyer will be liable for any and all costs of collection including but not limited to attorney's fees and court costs. A credit card is to be left on file and authorization given to bill overdue invoices to the credit card when payments are more than 7 days delinquent and payment agreement satisfactory to Blue Island Shellfish Farms, Inc. has not been reached and confirmed in writing.

I (we) the undersigned AGREE TO THE CREDIT TERMS AND RETURN POLICIES STATED ABOVE, and grant permission to any of our references to provide Blue Island Shellfish Farms, Inc. with financial information concerning our company. It is understood that this credit information is for the sole use of Blue Island Shellfish Farms, Inc. and will not be disclosed to other parties without written consent.

Printed Name: _____ Title: _____

Signature _____ Date: _____

I (we) the undersigned authorize Blue Island Shellfish Farms, Inc. to bill the following credit card payment of invoices more than 7 days delinquent if payment arrangement satisfactory to Blue Island Shellfish Farms, Inc. has not been made:

Type of Credit Card: _____ Name on Card: _____

Account Number: _____ Expiration Date: _____

Security/ CVV2 Code: _____

I (we) have a financial interest in said business and hereby personally guarantee payment of any and all obligations past, present and future incurred by the above-referenced entity and agree to personally pay the same in event of default of payment.

Printed Name: _____

Signature: _____ Date: _____



If any fax numbers can be provided, they are equally as important as the business phone number. Please list at least three established vendors.

1) _____
Company name Items purchased

Phone Number Fax Number Contact Name

2) _____
Company name Items purchased

Phone Number Fax Number Contact Name

3) _____
Company name Items purchased

Phone Number Fax Number Contact Name

4) _____
Company name Items purchased

Phone Number Fax Number Contact Name



Bank Authorization Form

I hereby authorize my bank,

_____, **to release credit information**

Bank Name

for _____ Acct.# _____,

Business Name

to Blue Island Shellfish Farms, Inc., so that we may set up a business account.

Branch Location: _____

Contact Person: _____

Fax: _____

Phone: _____

Below are an authorized signature and a number where I can be reached if there are any questions.

Signature _____

Printed Name _____ Title _____

Date _____ Phone _____