

# Wholesale Customer Application

Blue Island Shellfish Farms, Inc.

PO Box 201 Blue Point, NY 11715

Phone: 800-881-5703 Fax: 631-419-0764

Restaurant Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Accounting Contact Person: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

## Credit References

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

- All accounts are Net 30 terms. Any balance which remains unpaid after 60 days is subject to a 2% monthly finance charge. Invoices will be provided at the time of delivery and monthly statements to insure all charges are properly noted.

- Mail all payments to:  
Blue Island Shellfish Farms, Inc.  
PO Box 201  
Blue Point, NY 11715

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_