

NEW ENGLAND WHOLESALE FISH AND LOBSTER
CUSTOMER CONTACT WORK SHEET
3001 SE GRAN PARK WAY· STUART, FL 34997
P. 772-334-6666 - F.772-781-3719

OWNER: _____ PURCHASING AGENT _____

BUSINESS NAME: _____

DELIVERY ADDRESS: _____

PURCHASING PHONE: _____ FAX/CELL: _____

EMAIL: _____

ACCOUNTS PAYABLE CONTACT: _____

BILLING ADDRESS: _____

BILLING PHONE: _____ FAX/CELL: _____

BILLING EMAIL: _____

KITCHEN CONTACT INFORMATION: WE MAY NEED TO CONTACT CHEF, SOUS CHEF OR KITCHEN
MANAGER REGARDING AVAILABLITY, QUALITY OR SIZE.

KITCHEN CONTACT: _____

KITCHEN PHONE: _____ FAX/CELL: _____

KITCHEN EMAIL: _____

RECEIVING HOURS: _____

Claims MUST be made within 24 hours of receiving product. There will be no returns or deductions unless agreed to and confirmed by New
England Wholesale Fish and Lobster, LLC. If any credit is accepted you will be issued a credit memo for that invoice.

Check Acceptance policy: Payment by check will be accepted providing completed contact information is on file. Receipt of 2 NSF items may
suspend check privileges. A \$35.00 fee will be assessed for returned items -Fee schedule for returned check are in accordance to Florida Statue
832.05.

A Monthly sales charge of 1 ½% (18% per year) to all invoices over 30 days

CUSTOMER SIGNATURE _____

CREDIT APPLICATION
NEW ENGLAND WHOLESALE FISH & LOBSTER INC.

3001 SE GRAN PARK WAY-STUART, FL 34997---PHONE: 772-334-6666-FAX: 772-781-3719

Name of Business _____ Corp. Name _____
Mailing Address _____ Phone _____
City _____ State _____ Zip _____
Type of Business _____ FED ID# _____ Date Started _____
OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETORSHIP
If Corporation, list officers:
Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____
Name _____ Title _____ Phone _____
If Partnership/Proprietorship:
Owner _____ Social Security No. _____ DOB _____
Home Address _____
Owner _____ Social Security No. _____ DOB _____
Home Address _____
MAJOR SUPPLIERS:
Name _____ City _____ State _____ EMAIL OR FAX _____
Name _____ City _____ State _____ EMAIL OR FAX _____
Name _____ City _____ State _____ EMAIL OR FAX _____
References: Bank _____ City _____ State _____ Zip _____
Account No. _____ Bank Representative _____
Phone _____ Ext. _____ Fax _____
Name of Authorized Signer on account _____ Drivers Lic. # _____

Terms Requested

COD NET 7 NET 14 NET 30

The undersigned hereby authorizes the release of any and all credit information to New England Wholesale Fish & Lobster Inc. or their agents.

In consideration for the extension of credit, (I, We) personally guarantee to pay all invoices accordingly to your terms. (I, We) agree that in the event any litigation is commenced to collect on any indebtedness, the prevailing party shall be entitled to its reasonable attorneys' fee incurred herein at all levels of litigation, including appellate.

The Laws of the State of Florida shall govern this agreement. Any action brought to enforce any term or condition of this agreement shall be brought in Martin County, FL, which shall be the sole and exclusive venue for actions related to or regarding this agreement in any way.

Applicant warrants to New England Wholesale Fish & Lobster Inc. that there are no judgments outstanding against the applicant and the applicant has never been sued for nonpayment. Applicant agrees that payments are due under the TERMS of the invoices assigned and the undersigned is/are responsible for payment of the account.

A monthly interest charge of 1 ½% (18% per year) will be added to all invoices over 30 days past due.
Payment by check will be accepted providing completed contact information is on file. Receipt of 2 NSF items may suspend check writing privileges. A \$35.00 fee will be assessed for returned items. ****Fee schedule for returned checks is in accordance to Florida Statute §832.05.

Claims MUST be made in writing within 24 hours of receiving product. There will be no returns or deductions unless agreed to and confirmed by New England Wholesale Fish & Lobster Inc. If any credit is accepted you will be issued a credit memo for that invoice.

Any misstatement or material omission to the above information on the Credit Application shall be grounds for immediate suspension of credit and acceleration of any balance due thereon.

Corporate Officer/Partner Name _____ Title _____

Signature _____ Date _____

Personal Guarantee (Print Name) _____ Title _____

Personally Guaranteed by (Signature) _____ Date _____