

JD Boca Sales Company 8078 Baltic Amber Road Delray Beach, FL 33446

Credit Application Information – JD Boca Sales Company
Logal Company Namo
Legal Company Name:
DBA or Trade Name:
Billing Address:
City, State, & Zip Code:
Shipping Address:
(If different from billing address)
City, State, & Zip Code
Telephone Number:
Fax Number:
Email Address:
Contact names, phone numbers, and Email addresses:
Owner:
Buyer:
Accounts Payable:

Type of business:			
(Corporation, Partnership, Limited Liability Corp	ooration, etc)		
State in which your business is incorporated:			
Number of years in business:			
Please provide the following information for	each maior shareholde	er principal par	rtner etc:
-	-		
Name Title	Home Address	;	Phone Number
1.)			
2.)			
Please provide the following information ab (Please complete the enclosed release to insur		his information)	
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Bank Name	Telephone #/Fax #		Account Number
1.)			
2.)			
Please provide the following information for	siv trade references:		
(Seafood or other perishable suppliers only)	SIX trade references.		
Supplier Name	Contact	Phone #/Fax #	
1.)			
2)			
3.)			
4.)			
5.)			
5.)			

JD Boca Sales Company is entitled to conduct a credit review to verify the information contained within this application to establish a line of credit for the customer. All decisions with respect to the extension or continuation of credit shall be at the discretion of JD Boca Sales Company. This letter hereby authorizes JD Boca Sales Company and its agents to obtain information from the bank and credit references listed above.

Date:	
Company Name:	
Signature:	
Name:	
(Please print)	
Title:	