

SEATRADE



CREDIT APPLICATION

Date _____

Terms Requested _____

SHIPTO

Business Name _____

BILL TO

Address _____

(DBA) Trade Name _____

City _____

Address _____

State/Zip _____

City _____

Phone No. (Area Code) _____

State/Zip _____

Fax No. (Area Code) _____

Phone No. (Area Code) _____

Attention of _____

Sales Contact _____

BUSINESSFACTS: Proprietorship Partnership Corporation

Complete the following information for all Corporate Officers, Partners, or an Individual Proprietor.

Name and Title _____

Name and Title _____

Home Address _____

Home Address _____

City/State/Zip _____

City/State/Zip _____

Home Phone No. _____

Home Phone No. _____

Social Security No. _____

Social Security No. _____

ACCOUNTS RECEIVABLE INFORMATION:

Accounts Payable Contact _____ Title _____ Accounts Payable Phone # _____

BANKING

Bank Name _____

Officer _____

Address _____

(Checking) Acct. No. _____ Balance _____

City/State/Zip _____

(Loans) Acct. No. _____ Balance _____

TRADE REFERENCES:

NAME	ADDRESS	PHONE NO AND FAX NO.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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