Confidential Credit Application

Peter Pan Seafoods, Inc.
2200 6th Ave., Suite 1000
Seattle, Wa 98121-1820

Credit Rep: (206) 727-7277
Fax (206)441-9090
marioa@ppsf.com

1. Customer Information

Trade Name: _____ Maximum Credit Required: _____
Legal Name: _____ Delivery Address: _____
Mailing Address: _____ _____
_____ _____
Telephone: ( ) _____ ___ Corporation ___ Sub Chapter S Corporation
Fax: ( ) _____
Business started in (mo/year)_____ Annual Sales: _____ ___ Proprietorship ___ Partnership ____ LLC
Owners – Names and Titles (% of ownership):
_____
_____
_____
Company's Senior Financial Representative and Title:_____
Email Address:_____
Briefly Describe Type of Business: _____
_____
Web Address:_____
Company's Outside Accountants/Auditors_____ Tel. #_____
Company's Insurance Company/Broker_____ Tel. #_____
If Business is not a Corporation include Social Sec Number of Owner: _____--_____--_____
Federal ID #: _____ How Long at Present Location? _____ __Own __Lease Expires? _____
Mortgage Holder/Landlord: _____ Telephone: ( ) _____
Address: _____
Parent Corporation (subsidiary/division): _____
_____
Address: _____ Are guarantees extended by parent? _____
_____ Telephone ( ) _____
Web Address: _____

2. Bank Information

Name: _____ Telephone ( ) _____
Fax ( ) _____
Address: _____ Do you have a loan? _____ Renewal Date: _____
_____ Type of Loan? _____
_____ Is the loan secured by Company Assets _____
Is merchandise inventory or accounts receivable used as loan collateral?_____
Bank Officer: _____ Email Address:_____
Account Number (Checking/Savings/Loan) _____

3. Trade References (please provide 3; US and Trade Companies Only)

Name _____ Name _____ Name _____
Addrs _____ Addrs _____ Addrs _____
_____ _____ _____
Phone ( )_____ Phone ( )_____ Phone ( )_____
Fax ( )_____ Fax ( )_____ Fax ( )_____
Highest Credit $_____ Highest Credit $ _____ Highest Credit $_____

4. Customer Validation (By completing this Application you agree we may contact your Bank and Trade References)

Signature: _____
Print Name and Title of Representative completing the form _____
Email Address:_____
Direct Telephone Number:_____