

# W&T SEAFOOD

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## New Account Profile

### PROFILE

Company Name:	_____	DBA (if different):	_____
Federal ID No.	_____		
Contact Name:	_____		
Primary Phone:	_____	Fax:	_____
Email Address:	_____		
Billing Address:	_____		
City, State:	_____	Zip Code:	_____
Type of Business:	_____	Date Business Established:	_____
Amount of Credit Requested:	_____	Date Incorporated:	_____
Check one:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other
Principals' Name and Title:	_____		
Authorized Buyers for the Account (Name, Title):	_____		

### SHIPPING/DELIVERY DETAILS

Shipping Contact	_____		
Shipping Address:	_____		
City, State:	_____	Zip Code:	_____
Cross Streets:	_____		
Preferred Delivery Days:	_____		
Preferred Delivery Time:	_____		
Additional Delivery Instructions:	_____		

### BANK REFERENCE

Bank Name:	_____		
Account No.:	_____		
Date Account Established:	_____		
Contact Name:	_____		
Phone:	_____	Fax:	_____
Address:	_____		
City, State:	_____	Zip Code:	_____

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## TRADE REFERENCES

Business Name:	_____	Contact:	_____
Phone:	_____	Email Address:	_____
Mailing Address:	_____		
Business Name:	_____	Contact:	_____
Phone:	_____	Email Address:	_____
Mailing Address:	_____		
Business Name:	_____	Contact:	_____
Phone:	_____	Email Address:	_____
Mailing Address:	_____		
Business Name:	_____	Contact:	_____
Phone:	_____	Email Address:	_____
Mailing Address:	_____		

## SALES AGREEMENT

- I (we) authorize the above mentioned references to release the information necessary to establish credit with your company. W&T Seafood Corp. agrees to hold this information in the strictest of confidence.
- I (we) further agree to the terms of sales and payment with W&T Seafood Corp. Payment in full is required by the 15<sup>th</sup> date of invoice. The invoice(s) will be noted as "past due" by the 15<sup>th</sup> date of invoice and will result in suspension of orders on your account. Late payment (payment received after the 15<sup>th</sup> date of invoice) will result in a 10% interest charge. In the event of default in payment and the account is submitted to a collection authority, I agree to pay an additional charge equal to the cost of collection including incidentals, attorney's fees, and/or court fees.

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

Signature (Owner, Partner, or Officer): \_\_\_\_\_

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

Title: \_\_\_\_\_

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