



CONFIDENTIAL CREDIT APPLICATION

Seaboard Distribution, Inc.
 Mail to: P.O. Box 37589
 Jacksonville, FL 32236-7589
 Phone: (800) 521-3565
 Fax: (904) 355-6801

Date of Application _____ Ph# _____ Fax# _____

Business Name _____ Email _____

Shipping Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Type of Business _____ Established Year _____

Business Operates as a: Corporation ___ Partnership ___ Sole Proprietorship ___

Incorporated under state laws of: _____

Name Title Listed with Secretary of State: _____

Business Property: Owned ___ Rented ___; Owned by Whom: _____

The principal owners, stockholders or officers are:

Name	Title	Phone	Address

Will you pay sales tax? Yes ___ No ___ Attach sales tax exemption certificate if exempt.

County where business is located _____

Are purchase orders required? Yes ___ No ___

Persons authorized to make purchases on this account: _____

Your Bank(s) _____

Bank Representative _____

Branch Location _____

Address _____

Account Number _____

Phone _____

Name, Address and phone numbers of at least four (4) concerns from which you currently buy on open account:

Name	Address	Phone No.	Account #

Dunn & Bradstreet # _____ Rating _____

The undersigned agrees that any purchases made on open account from Seaboard Distribution, Inc. will be paid for within 30 days of date of invoice. I/We also understand that a service charge of 1 ½% per month will be added to any invoice over 30 days. In the event of default in payment and if the same is placed in the hands of an attorney for collection, the undersigned agrees to pay all costs of collection including a reasonable attorney's fee.

Signed _____
(Owner or Officer)

Signed _____
(Owner or Officer)

Signed _____
(Owner or Officer)

Sales Representative _____