



## Coastal Provisions Inc.

400 Spectrum Circle

Oxnard, CA 93030

Phone: (805) 322-3234 Fax:

Email:

### Credit Application Information

Legal Business Name: \_\_\_\_\_

DBA (if any): \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Contacts Names, Phone Numbers, Email Addresses

Owner Name: \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail: \_\_\_\_\_

Buyer: \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Phone# \_\_\_\_\_ E-mail: \_\_\_\_\_

Entity Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor

State of Formation: \_\_\_\_\_ Federal Tax ID (EIN): \_\_\_\_\_ Years In Business: \_\_\_\_\_

### Trade References (US Preferred)

	Supplier Name	Contact Name	Phone Number
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

### Bank References

	Bank Name	Branch Location	Account Type
1.)	_____	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

### Credit Terms & Authorization

The Applicant requests credit from **Coastal Provisions Inc.** ("Creditor") and agrees:

- Payment terms: **Net 7 / Net 14 / Net 21 / Net 30 / COD (Circle One)**
- Past-due balances may accrue interest at **1.5% per month (18% annually)** or the maximum allowed by law.
- Applicant agrees to pay all costs of collection, including attorneys' fees and court costs.
- Creditors may modify, suspend, or revoke credit at any time.
- Applicant authorizes Creditor to obtain business and credit reports.
- Claims on merchandise should be made within 24 hours after date of delivery
- No goods are to be returned to **Coastal Provisions Inc.** without prior authorization. All products returned to **Coastal Provisions Inc.** must be in their original condition.

### Authorized Business Representative

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

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

Signature: \_\_\_\_\_

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



## Coastal Provisions Inc.

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Phone: (805) 322-3234 Fax:

Email:

### Personal Guarantee

In consideration of **Coastal Provisions Inc.** extending credit to the Applicant, the undersigned individually and personally guarantees full and prompt payment of all obligations owed to Creditor by the Applicant.

This Personal Guarantee is absolute, unconditional, and continuing, and applies to:

- All seafood products and services supplied
- Freight, storage, and handling charges
- Interest, late fees, and service charges
- Attorneys' fees and costs of collection

### Waivers

The Guarantor expressly waives:

- Notice of acceptance of this Guarantee
- Notice of default or non-payment
- Demand, presentment, and protest
- Any requirement that Creditor first proceed against the Applicant or collateral

### No Release

This Guarantee shall not be affected by:

- Extensions or changes in credit terms
- Partial payments or settlements
- Bankruptcy, insolvency, or reorganization of the Applicant
- Sales or transfer of the Applicant's business

### Guarantor Acknowledgment

I understand that this is a personal guarantee and that I am personally liable for the debts of the Applicant.

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

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

Signature: \_\_\_\_\_

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



## Coastal Provisions Inc.

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Oxnard, CA 93030

Phone: (805) 322-3234 Fax:

Email:

(Optional)

### Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting the Company in writing. This authorization will remain in effect until cancelled.

Transactions May Incur a Credit Card Processing Fee

#### Credit Card Information

Card Type:

☐

Master Card

☐

VISA

☐

Discover

☐

AMEX

☐

Other

\_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Cardholder Company: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ CVV \_\_\_\_\_

Expiration Date:(MM/YY): \_\_\_\_\_

Cardholder ZIP Code (From Credit Card Billing Address): \_\_\_\_\_

I, \_\_\_\_\_, authorize **Coastal Provisions Inc.** to charge my credit card above for agreed upon purchases / invoices. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

\_\_\_\_\_

\_\_\_\_\_