

# APPLICATION FOR COMPANY CHECK

PLEASE PLEASE Print neatly the following information:

\_\_\_\_\_  
(Name of Company) (Indicate Corp, Sole Prop, etc.) (# years)  
\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_ Acct#: \_\_\_\_\_

Owner of Company: \_\_\_\_\_ Soc Sec #: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Airport to receive fish: \_\_\_\_\_ E-mail: \_\_\_\_\_

Federal Tax ID Number of Company: \_\_\_\_\_ Company Phone: \_\_\_\_\_  
Please list at least 2 principle officers of the company below: Company FAX: \_\_\_\_\_

\_\_\_\_\_  
(Name) (Title) (Home Address)  
\_\_\_\_\_  
(Name) (Title) (Home Address)

Have any owners or officers of this business ever filed bankruptcy OR been associated with a business that has filed bankruptcy? If so.... when and in what state \_\_\_\_\_

## AGREEMENT

This agreement is made between EAST COAST TRANSHIP, INC. and \_\_\_\_\_  
(Name of Company)

I, \_\_\_\_\_ have authority to enter into this agreement on behalf of \_\_\_\_\_  
(Your Name) (Name of Company)

We hereby agree to the following Terms:

- 1) First shipment or two will be sent COD Money Order.
- 2) If references provided below check out well, customer will be moved to "Company check acceptable" status.
- 3) If/When you are moved to OPEN status, your check for the shipment is due here in our office within **10 days**.
- 4) At no time will you be allowed to have 2 invoices open at the same time. If you order weekly – bear this in mind.
- 5) If any invoice should remain unpaid after 10 days then any and all credits for DOA fish, on that invoice, become **VOID**.
- 6) DOA credits will be applied by us on your next invoice - they will not be applied to the invoice they originated on.
- 7) Unpaid invoices will begin to accrue interest starting on the **14<sup>th</sup> day** after the invoice date at the rate of 18% per year.
- 8) If a check is returned to us by your bank for any reason, then all credits for DOA's on that invoice become VOID.
- 9) If a check is returned to us by your bank for any reason, you will be charged a \$20 bounced check fee.
- 10) The owner of the company does personally guarantee payment of all invoices.
- 11) Should it become necessary to seek recovery thru state courts for moneys due from unpaid invoices then we hereby agree to reimburse EAST COAST TRANSHIP, INC. for all reasonable costs related to said recovery including attorney fees.

I, the undersigned below, do attest that all above information is true and correct to the best of my knowledge and I do agree to the terms of this "AGREEMENT" above, as well as the "Additional Terms" listed on the next page.

Signed \_\_\_\_\_  
(Owner / Agent) (Title) (Date)

Complete this form **in full** and mail this **original** to: East Coast Tranship, 6402 Hickory Bend, Clinton, MD 20735  
Note: Please complete at least 2 references on page 2 of this agreement.

