DEEP SEA ATLANTIC

# Business Credit Application

Section 1: Applicant Information

**Legal Business Name:** _____

**DBA (if applicable):** _____

**Billing Address:** _____

- **City / State / Zip:** _____

**Shipping Address:** _____

- **City / State / Zip:** _____

**Phone:** _____

**Accounts Payable Email:** _____

**Website:** _____

**Type of Business:** Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietor ☐

**Years in Business:** _____

**Tax ID (EIN):** _____

**Resale / Sales Tax Certificate #:** _____

DEEP SEA ATLANTIC

1515 SOUTH FEDERAL HIGHWAY, SUITE 102, FL 33432
PHONE (954) 775 0230
FAX (954) 775 0302
WEBSITE WWW.DSAWHOLESALE.COM

Section 2: Business Contacts

**Owner(s) / Officer(s) / Principal(s):**

Name: _____ Title: _____ Phone: _____

Name: _____ Title: _____ Phone: _____

**Accounts Payable Contact:**

Name: _____

Email: _____ Phone: _____

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Section 3: Banking Information

**Bank Name:** _____

**Bank Address:** _____

**Contact Person:** _____

**Phone:** _____

**Account Number:** _____

Section 4: Buyer Information
*(Primary contact(s) authorized to place orders and approve purchases)*

**Primary Buyer:**

**Name:** _____

**Title:** _____

**Email:** _____

**Phone:** _____

**Secondary / Backup Buyer (if applicable):**

**Name:** _____

**Title:** _____

**Email:** _____

**Phone:** _____

Section 5: Trade References
*(List three current seafood or perishable suppliers preferred, if applicable)*

1. Company: _____ l Phone: _____

   Email: _____

2. Company: _____ l Phone: _____

   Email: _____

3. Company: _____ l Phone: _____

   Email: _____

Section 6: Credit Request

- **Amount of Credit Requested:** $_____
- **Terms** (*For Internal Use Only*)**:** Net 7 ☐ Net 14 ☐ Net 21 ☐ Net 30

Section 7: Terms & Conditions

By signing below, the applicant certifies that all information provided is true and correct.

Applicant authorizes the above-listed bank and trade references to release credit information.

Applicant agrees to Deep Sea Atlantic NA's payment terms, including late charges, interest, and any collection fees incurred.

☐ **Personal Guarantee (if required):** The undersigned personally guarantees payment of all obligations of the applicant business to Deep Sea Atlantic NA.

Section 8: Authorization

**Authorized Signature:** _____

**Printed Name & Title:** _____

**Date:** _____