



Sales Person \_\_\_\_\_

Est. Monthly purchases \_\_\_\_\_

Tel: 310-684-5180 ext 400 | Fax: 844-800-5096 | [credit@jdelucafishco.com](mailto:credit@jdelucafishco.com)

### Credit Application

Legal Name (Applicant): \_\_\_\_\_ DBA: \_\_\_\_\_  
 Date Established: \_\_\_\_\_ State: \_\_\_\_\_ Type (Circle One): Inc. LLC Partnership Sole Proprietor  
 Billing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Shipping Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ AP Email: \_\_\_\_\_  
 Annual Sales: \_\_\_\_\_ FED ID #: \_\_\_\_\_

#### Ownership Information

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Ownership %: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_ Ownership %: \_\_\_\_\_

#### Primary Bank Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Account # - Checking: \_\_\_\_\_ Line of Credit: \_\_\_\_\_ Other: \_\_\_\_\_

#### Secondary Bank Information

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Account # - Checking: \_\_\_\_\_ Line of Credit: \_\_\_\_\_ Other: \_\_\_\_\_

#### References

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, signer is designating that they have the authority to bind the Applicant and is authorized by the Applicant to enter into the credit application terms and conditions. Applicant grants permission to contact consumer credit reporting agencies and/or commercial credit reporting agencies, as well as obtaining credit information from the above listed bank and trade references. I/We affirm that the Applicant is financially solvent and has the ability and willingness to pay invoices within our standard terms. Applicant agrees that open credit terms may be withdrawn or modified at any time and credit terms are subject to periodic reviews.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return By Fax to 844-800-5096 OR Email to [credit@jdelucafishco.com](mailto:credit@jdelucafishco.com)**