



CREDIT APPLICATION

SEA BREEZE
441 Main Rd
Towaco, NJ 07082
Phone: (973)334-7777
Fax: (973)334-2617
www.seabreezesyrups.com

Company Name: Trading As:
Type of Business: Proprietorship Partnership Corporation Year Established:
Federal Tax ID Number:
Physical Business Address:
Billing Address (if different):
Business Phone: Contact:
Name of Principal:
Home Phone: Social Security Number:
Driver's License Number: Date of Birth:
Home Address:

Trade References:

- 1. Name: Phone#: Address:
2. Name: Phone#: Address:
3. Name: Phone#: Address:

Bank Reference:

Name: Phone#:
Address: Account#:

THIS APPLICATION FOR CREDIT MUST BE COMPLETED IN FULL IN ORDER TO PROCESS.

SIGNATOR(S) GRANT THE RIGHT TO SEA BREEZE TO MAKE WHATEVER CREDIT INQUIRIES IT DEEMS NECESSARY IN CONNECTION WITH THE ISSUANCE OF CREDIT. THE CUSTOMER UNDERSTANDS THAT BALANCES PAST 15 DAYS WILL BE CONSIDERED PAST DUE. FAILURE TO PAY ANY PAST DUE BALANCE IS CAUSE FOR CANCELLATION OF CREDIT UNTIL BALANCE IN FULL HAS BEEN PAID. WHILE THERE IS NO FINANCE CHARGE APPLIED FROM DATE OF PURCHASE IN THE FIRST 15 DAYS OF BILLING, A 1/2 % LATE CHARGE PER MONTH (18% PER ANNUM) IS APPLIED TO THAT PORTION PAST DUE. IN THE EVENT SEA BREEZE SHALL BE REQUIRED TO RETAIN AN ATTORNEY TO COLLECT ANY DEBT OWED TO SEA BREEZE, THEN I SHALL PERSONALLY GUARANTEE PAYMENT AND SHALL PAY ATTORNEY FEES EQUAL TO 20% OF THE SAID AMOUNT, PLUS COST, IN ADDITION TO THE SUM OTHERWISE DUE.

Signature: Date:

Print:

BY LISTING MY CREDIT CARD & NUMBER, I HEREBY GRANT AUTHORIZATION TO USE MY CREDIT CARD FOR PAYMENT OF INVOICES ON MY ACCOUNT.

MASTERCARD ♦ VISA ♦
DISCOVER ♦ AMEX:(circle one)ACCOUNT NUMBER:

NAME OF CARDHOLDER(please print): EXPIRATION DATE:

ADDRESS OF CARDHOLDER:

SIGNATURE OF CARDHOLDER: DATE:



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CREDIT REFERENCE REQUEST

To: _____

Date: _____

Hello! We manufacture and distribute fountain syrups, soda syrups, sundae toppings and rent soda dispensing equipment.

Your customer noted below has referred us to you for comments on their credit worthiness. We assume that this business currently banks with you and would greatly appreciate a few moments of your valued time to complete and return this request. The customer's signed approval for this inquiry is below. All information will be held in strict confidence without liability on your part.

Thank you.

Fran Tsukroff
Credit Manager

BUSINESS NAME: _____

ADDRESS/CITY: _____

ACCOUNT NUMBER: _____

1. Date Account Opened: _____

2. Average Balance: _____

3. Bounce Checks on Record: _____ YES _____ NO

4. Borrows Money: _____ YES _____ NO

5. Account is: _____ Satisfactory _____ Not Satisfactory

6. Other Comments: _____

Your Name: _____ Date: _____

Title: _____ Phone#: _____

I am applying to Sea Breeze for credit and desire that they be advised on my credit history. I therefore respectfully request that you furnish the necessary information and hereby release you from any and all liability for providing the information requested.

Date: _____

Signature: _____

Name Printed: _____

We have addressed and stamped postage on the reverse for return mail, or you can fax this back to us at 973-334-2617. Should you have any questions, please call Fran Tsukroff at 1-800-732-2733, Ext 228.

