



2614 Aviation Parkway, Grand Prairie, TX 75052
 Corporate Headquarters: P.O. Box 393 Branch, LA 70516
 Phone: 877-215-4872 • Fax: 866-823-8165
 Email: accounting@frugeseafood.com

CUSTOMER ACCOUNT APPLICATION

Bank References section must be **completed** in order to process your application.

Name/Address

Name of Business:			Federal Tax I.D. Number: <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
DBA:			D&B Number:		
Billing Address:					
City:		State:		Zip:	
Phone:		Fax:		E-mail:	
Shipping Address:					
City:		State:		Zip:	
Phone:		Fax:		E-mail:	
				Route (completed by Fruge Seafood):	
City:		State:		Zip:	
Phone:		Fax:		E-mail:	

Company Information

Type of Business:	In Business Since:	Building: <input type="checkbox"/> Own <input type="checkbox"/> Rent
Legal Form Under Which Business Operates: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Franchise <input type="checkbox"/> Buying Group <input type="checkbox"/> Independent Store _____ State		
If Division/Subsidiary, Name of Parent Company:		In Business Since:
Company Officers: President:	Email:	Phone:
CFO:	Email:	Phone:
Name of Person Responsible for Purchasing:	Email:	Phone:
Name of Person Responsible for Accounts Payable:	Email:	Phone:
Terms Requesting: <input type="checkbox"/> COD <input type="checkbox"/> Credit Card <input type="checkbox"/> ACH <input type="checkbox"/> Net 7 <input type="checkbox"/> Net 14 <input type="checkbox"/> Net 21 (CEO/CFO approval required)		
SELECT ONLY ONE		

Customer Service Information

Kitchen Contacts:	Preferences:
Delivery Days: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TR <input type="checkbox"/> F <input type="checkbox"/> S	Ordering Process: <input type="checkbox"/> Fruge calls Customer <input type="checkbox"/> Customer calls Fruge
Delivery Times (specific range of time): <input type="text"/> to <input type="text"/> AM <input type="text"/> to <input type="text"/> PM	Special Instructions (if more room needed, attach separate sheet to this form):

Standard products and normal usage:

FRUGE SEAFOOD COMPANY

Bank References section must be completed in order to process your application.

Bank References

Institution Name:	Account #:
Institution Address:	Phone:
<p>I, _____, of _____,</p> <p style="text-align: center; font-size: small;">(authorized bank account signer) (name of company)</p> <p>do hereby, authorize you to release to Fruge Seafood Company, any pertinent information needed in order to process a credit application for the purchase of fresh or frozen fish.</p>	
_____ Signature of Authorized Bank Account Signer	_____ Date

Trade References (established at least 6 months)

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Terms:	Terms:	Terms:

Credit Policy

1. Fruge Seafood Company requires full payment of all invoices according to terms on invoice. Acceptance of invoice admits acceptance of terms, products, and pricing stated on that invoice/delivery. Future terms are subject to change without notice.
2. Returns/credits must be noted on original invoice or reported to our office within 24 hours after receipt of goods, or the next business day in the event of weekend deliveries. Short paid invoices are out of terms and can affect extension of credit.
3. Late charges and interest may accrue at the highest rate allowed by law on any balance not paid when due.
4. Balances remaining over 60 days from the invoice date will be considered in default and customer will be liable for any and all costs of collection. Customer also agrees to pay reasonable attorney's fees and court and other costs if this account is placed in the hands of an attorney for collection.
5. Because of the highly perishable nature of our products, we must require strict terms be kept. All accounts are either in terms or late according to terms extended on each invoice.
6. Payments should be mailed to Fruge Seafood Company, P.O. Box 393, Branch, LA 70516.

I, the undersigned, agree to the CREDIT TERMS AND RETURN POLICIES STATED ABOVE, and grant permission to any of our references to provide Fruge Seafood Company with financial information concerning our company. I guarantee unconditionally and promise to pay to Fruge Seafood Company any and all amounts due and owed by Customer, including interest, late charges, and attorney's fees, and to perform each obligation when due. I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions and trade references listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I further certify that I have the authority to purchase goods on behalf of the above named entity and all charges will be paid on time and that said company and individual submit to the courts of both the state of Texas and Louisiana.

Signature (Must be a visual signature, not digital)	Date
Print Name	Title/Position

LOUISIANA
Corporate Headquarters
P.O. Box 393
Branch, Louisiana 70516

TEXAS
2614 Aviation Parkway
Grand Prairie, TX 75052



Frugé Seafood Automatic Draft Form

Email: accounting@frugeseafood.com Fax: (866) 823-F8165

Name of Business:		A/P First Name/Last Name :	
Billing Address:			
City:	State:	Zip:	
Phone:	Fax:	Email:	

Checking Account Routing Number:
Checking Account Number:

I, the undersigned, authorize Frugé Seafood Company to automatically draft the listed checking account for payment of invoices that are due.

Date:

Signed:

Print Name and Title:

LOUISIANA
Corporate Headquarters
P.O. Box 393
Branch, Louisiana 70516

TEXAS
2614 Aviation Parkway
Grand Prairie, TX 75052



Phone: (972) 606-0800 Fax: (972) 606-2907
Submit to: accounting@frugeseafood.com

Authorization to Charge Credit Card

Name of Business:		Federal Tax I.D. Number	
Name on Card:			
Billing Address:			
City:		State:	Zip:
Phone:	Fax:	Email:	
Account Number:		Expiration Date:	Authorization Code:
Credit Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
I, the undersigned, authorized Frugé Seafood Company to bill the following credit for payment of invoice. Any invoice for the above listed company that is signed by an authorized company representative is approved for payment on this card.			
_____ Signature		_____ Date	
_____ Printed Name		_____ Title/Position	