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CREDIT AGREEMENT

DATE: _____

AMOUNT OF CREDIT REQUIRED _____ PER MONTH

COMPANY NAME: _____

ADDRESS:

LOCAL: _____

BILL TO: _____

CITY: _____

CITY: _____

PROV/STATE: _____ CODE: _____

PROV/STATE: _____ CODE: _____

PHONE (NOT 1-800): _____

FAX: _____

ACCOUNTS PAYABLE CONTACT: _____

ACCOUNTS PAYABLE EMAIL: _____

NUMBER OF YEARS IN BUSINESS: _____ BUSINESS TYPE: _____

BANKING INFO (name, address, phone, fax, account number and contact person):

TRADE REFERENCES: Full business name, phone number (not 1-800), fax and email:

- 1. _____
- 2. _____

I/we understand that credit terms are net 30 days and 2% per month (24% per annum) finance charges will be applied to all amounts past due. All returned cheques will be charged a \$25.00 administration charge. I also agree to pay all costs associated with the collection of this account owed to Seafood Express (P.E.I.) Ltd. including all legal expenses.

By my signature below I authorize Seafood Express (P.E.I.) Ltd. to obtain a consumer/commercial credit report as it may be deemed necessary in connection with establishment and maintenance of a credit account.

AUTHORIZED BY: _____ TITLE: _____ SIGNATURE: _____

