

Receiving Hours _____

Credit Application

Date: _____

Del. Appt. Necessary

HARVEST SELECT CATFISH, LLC.
P.O. BOX 769 • Uniontown, Alabama 36786
1-(334)-628-3474 • FAX: 1-(334)-628-3474



Corporate Name _____

Year Business Established _____

Year Incorporated _____

Trade Name

Proprietorship Ltd. Partnership Partnership

Corporation - State of _____
Corporation Officers' Names (or Owners or Partners) _____

P.O. BOX ADDRESS ZIP

STREET ADDRESS ZIP

CITY STATE

Telephone No.: () _____ - _____ **Is applicant:** Distributor Retailer Other

After Hours Telephone () _____ - _____ **THIS IS NECESSARY TO HAVE ALTERNATIVE PHONE NUMBER**
Purchasing Agent: _____ **Accounts Payable Contact:** _____
Credit Line Requested: _____ **Terms Requested:** _____

OUR COMPANY IS FINANCIALLY SOUND AND ABLE TO PAY ALL YOUR INVOICES ACCORDING TO YOUR TERMS. I understand terms requested are not always terms granted, but I am willing to abide by your terms.

Suppliers:

- 1. _____ **Telephone:** ()-_____-_____
- NAME
- STREET ADDRESS/P.O. BOX CITY STATE ZIP
- 2. _____ **Telephone:** ()-_____-_____
- NAME
- STREET ADDRESS/P.O. BOX CITY STATE ZIP
- 3. _____ **Telephone:** ()-_____-_____
- NAME
- STREET ADDRESS/P.O. BOX CITY STATE ZIP

BANK: I hereby authorize release of information pertaining to my checking acct. # _____ and saving acct. # _____.

NAME **Telephone:** ()-_____-_____

STREET ADDRESS/P.O. BOX CITY STATE ZIP

Contact Person: _____

I am presently buying from _____

Signed: _____

Phone: ()-_____-_____

Salesman: _____