BLUE ISLAND OYSTERS®

NEW CUSTOMER CREDIT APPLICATION

Legal Business Name: _____

Trade Name (D.B.A.): _____ **Federal Tax ID Number**: _____-_____

Type of Business: (circle one) Restaurant or Distributor **Year established** _____

Web address: www._____.com

ORDERING AND DELIVERY INFO

Delivery Address

_____

_____

_____

Purchaser's Info

Name: _____

Phone Number: _____**ext**: _____

Email Address: _____

DELIVERY INSTRUCTIONS: Please note any special delivery instructions below.

_____

_____

_____

ACCOUNTS PAYABLE INFO

Contact Name: _____

Phone Number: _____**ext**:_____

E-mail Address: _____

Fax: _____

Billing Address (if different then delivery address)

_____

_____

_____

*Statements are emailed/faxed on or about the 1st and 15th of every month to the accounts payable contact as noted above.

PAYMENT AGREEMENT

Blue Island Oyster Company, Inc. requires full payment of all invoices within the net terms which will be provided upon account approval and set up.

I authorize Blue Island Oyster Company, Inc. to initiate either an electronic debit or to create and process a demand draft against my bank account whenever I send a check for payment of goods or services. The amount of the debit and bank account information will be used directly from the check. I acknowledge that the original of ACH transactions to my account must comply with the provisioning of the United States law. This payment authorization is to remain in full force and effect until I, notify Blue Island Oyster Company, Inc. of its cancellation by sending written notice in such time and such manner to allow both Blue Island Oyster Company, Inc. and receiving financial institution a reasonable opportunity to act on it.

Accounts with past due balances are subject to delivery hold. Balances over 30 days past due will be considered in default and buyer will be liable for any and all costs of collection including but not limited to attorney's fees and court costs. A credit card **MUST** be on file and authorization given to bill overdue invoices to the credit card when payments are more than 7 days delinquent and payment agreement satisfactory to Blue Island Oyster Company, Inc. has not been reached and confirmed.

I (we) the undersigned AGREE TO THE CREDIT TERMS STATED ABOVE, and grant permission to any of our references to provide Blue Island Oyster Company, Inc. with financial information concerning our company. It is understood that this credit information is for the sole use of Blue Island Oyster Company, Inc. and will not be disclosed to other parties without written consent.

Printed Name: _____ **Title**: _____

Signature: _____ **Date**: _____

I (we) the undersigned authorize Blue Island Oyster Company, Inc. to bill the following credit card payment of invoices more than 7 days delinquent if payment arrangement satisfactory to Blue Island Oyster Company, Inc. has not been made:

Type of Credit Card: _____ **Name on Card**: _____

Credit Card Number: _____ **Expiration Date**: _____

Billing Address: _____ **State**: _____ **Zip Code**: _____

Security/ CVV2 Code: _____

CREDIT CARD TERMS

Accounts requesting credit card terms will automatically be billed an additional 3% convenience fee. Once set up on Credit Card terms the account will be billed weekly for any open invoices from the previous week.

I WOULD LIKE BLUE ISLAND TO AUTOMATICALLY BILL MY CREDIT CARD: YES or NO

ADDITIONAL PAYMENT OPTIONS include automatic ACH withdrawal, automatic E-Check and one time E-Check. Additional forms are available on our website on the "Become a Customer" page.

PERSONAL GUARANTEE

I (we) have a financial interest in said business and hereby personally guarantee payment of any and all obligations past, present and future incurred by the above-referenced entity and agree to personally pay the same in event of default of payment.

Printed Name: _____

Signature: _____ **Date:** _____

All checks are to be made payable to: Blue Island Oyster Company, Inc.

Mail to: PO Box 31, West Sayville, NY 11796

BLUE ISLAND OYSTERS

CREDIT REFERENCES

(Not required if account is on Credit Card Terms.)

- Please complete the reference with all **ACCOUNTS RECEIVABLES** contact information only. Failure to do so may delay reference feedback and credit approval.
- Please provide fax numbers when possible they are equally as important as the business phone number.
- Please list at least three established and current active vendors.
- **DO <u>NOT</u> include liquor vendors.**

1) _____

Company name Items purchased

_____

Phone Number Fax Number Email Address Contact Name

2) _____

Company name Items purchased

_____

Phone Number Fax Number Email Address Contact Name

3) _____

Company name Items purchased

_____

Phone Number Fax Number Email Address Contact Name

4) _____

Company name Items purchased

_____

Phone Number Fax Number Email Address Contact Name

***No orders will be able to be placed until a complete credit application has been received and any references needed are responded to unless orders are prepaid via credit card.*

Blue Island Oyster Co. Inc. PO Box 31, West Sayville, NY 11796
Phone: 631.563.1330 Fax: 631.563.1351

BLUE ISLAND OYSTERS

Bank Authorization Form

(Not required if account is on Credit Card Terms.)

I hereby authorize my bank,

_____, **to release credit information**

Bank Name

for _____ **Acct.#**_____,

Business Name

to Blue Island Oyster Company, Inc., so that we may do business with them.

Branch Location: _____

Contact Person: _____

Fax: _____

Phone: _____

Below are an authorized signature and a number where I can be reached if there are any questions.

Signature_____

Printed Name _____ **Title** _____

Date _____ **Phone** _____