

Boston Fish Market

1649 Oakton Place
Des Plaines, IL 60018
(847) 803-2100

CREDIT APPLICATION

Company Name (Applicant) _____

Street Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Nature of Business _____

<input type="checkbox"/> Corporation:	State of Incorporation _____	Fed. ID# _____
<input type="checkbox"/> Partnership:	Name of Partners _____	
<input type="checkbox"/> Individual	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Other _____

Date Company Established _____

Chief Financial Officer _____ Accounts Payable Manager _____

SUPPLIER REFERENCES:

Supplier #1. Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____

Supplier #2. Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____

Supplier #3. Name _____
Address _____
City/State _____ Zip _____
Phone (____) _____ Fax (____) _____

Bank Name _____
Bank Acct. No. _____ Address _____
Phone No. (____) _____
Fax No. (____) _____

Additional Comments: _____

PERSONAL GUARANTEE REQUIRED – SEE REVERSE SIDE

It is understood by the Applicant that the information provided on this form (A Credit Application) is for the purpose of establishing an open line of business credit with Boston Fish Market, Inc. ("BFMI") for the use and benefit of the Applicant. In consideration for BFMI opening such account and agreeing to extend such credit, the Applicant agrees to pay the account and all charges at the time they become due. If the account is not paid when due, the Applicant shall pay interest on all past due amounts at an annual rate of 18% or at the maximum rate as permitted by law if such rate is lower. In the event that the account becomes past due, the Applicant agrees to pay all costs paid or incurred by BFMI in seeking to collect the account, including court costs and reasonable attorney's fees.

Date: _____ Title: _____

Authorized Signature _____ Signed **X** _____
PRINTED NAME SIGNED NAME

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PERSONAL GUARANTEE*

Date _____

To induce Boston Fish Market, Inc. or its subsidiaries (hereinafter collectively "BFMIS") to approve this Credit Application of the Applicant and in consideration of it agreeing to extend such credit, the undersigned does hereby personally guarantee the Applicant's prompt and full performance and payment to BFMIS of all amounts due or to become due to BFMIS from Applicant and hereby agrees to indemnify BFMIS against any and all damage, loss, expense (including costs and attorney's fees) and/or liability sustained by BFMIS by reason of or related to the Applicant's failure to fully perform on its obligations BFMIS, including Applicants failure to pay when due all amounts due to BFMIS, and the undersigned further agrees to pay BFMIS all such amounts on demand. BFMIS may enforce this guarantee agreement against the undersigned whether or not any action is ever taken by BFMIS against the Applicant, and the undersigned agrees to pay all costs, including reasonable attorney's fees, incurred by BFMIS in any such enforcement action against the undersigned.

Name _____ Driver's License No. _____ State _____

Social Security No. _____

Home Address _____

City _____ State _____ Zip _____

Signed **X** _____

ABOVE SIGNATURE
WITNESSED BY: _____
PRINTED NAME SIGNED NAME

Subscribed and sworn to before me this
_____ day of _____, 20____

NOTARY PUBLIC

My Commission Expires _____

(Notary Seal)