

GEORGE BRAUN OYSTER CO., INC.  
P.O. Box 971 Main Rd  
Cutchogue, N.Y. 11935  
631-734-6700 Fax# 631-734-7462

**CREDIT APPLICATION**

Business Name: \_\_\_\_\_

Date \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

Telephone # \_\_\_\_\_

Fax # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Date Business Established \_\_\_\_\_

Accounting Contact \_\_\_\_\_

Accounting Email \_\_\_\_\_

Name, Address, & Tel # of 3  
Credit References AND  
Bank Affiliation

NYS Liquor License # \_\_\_\_\_  
COPY REQUIRED

1. Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Acct # \_\_\_\_\_ Telephone/Contact: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel # \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel # \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel # \_\_\_\_\_

How many months are you open a year ? \_\_\_\_\_ If less than 12, what months are you closed ? \_\_\_\_\_

Have you been doing business under a different name within the past 3 years ? NO  
Yes

If yes what name ? \_\_\_\_\_

Do you own or lease your premises \_\_\_\_\_ If leased what is lease term \_\_\_\_\_

Company Type: ( circle one ) Proprietorship / Partnership / Franchise / Corporation

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Email: \_\_\_\_\_

**REVERSE SIDE OF FORM MUST BE COMPLETED IN ORDER TO RECEIVE CREDIT**

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IF CREDIT IS GRANTED, I AGREE TO PAY LATE CHARGES OF 1.5% PER MONTH ON ALL BALANCES OVER 30 DAYS FROM THE DATE OF DELIVERY, AS WELL AS ALL COLLECTION COSTS AND / OR REASONABLE ATTORNEY FEES AND COURT COSTS. UNTIL CREDIT IS GRANTED, PAYMENT WILL BE ACCEPTED BY: WIRE TRANSFER, MONEY ORDER, CERTIFIED CHECK OR CASH.

THIS CREDIT INFORMATION IS PROVIDED SOLELY FOR THE USE OF GEORGE BRAUN OYSTER CO. IN THE CONSIDERATION OF THE ADVANCEMENT OF CREDIT TO:

NAME OF BUSINESS:

\_\_\_\_\_

DOING BUSINESS AT:

\_\_\_\_\_

\*\*\*\*\* PHOTO COPY OF SIGNERS DRIVERS LICENSE REQUIRED \*\*\*\*\*

(I) (WE) HAVING A FINANCIAL INTEREST IN SAID ( CORP./PARTNERSHIP/SOLE PROP.)  
HEREBY PERSONALLY GUARANTEE PAYMENT OF ANY AND ALL OBLIGATIONS PAST, PRESENT,  
OR FUTURE INCURRED BY THE ABOVE REFERENCED ENTITY AND AGREE TO PERSONALLY PAY  
THE SAME IN THE EVENT OF DEFAULT OF PAYMENT.

NAME (Without Title)

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

HOME  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_

HOME  
TELEPHONE

\_\_\_\_\_

SOCIAL  
SECURITY #

\_\_\_\_\_

DATE

\_\_\_\_\_

NAME (Without Title)

\_\_\_\_\_

SIGNATURE

\_\_\_\_\_

HOME  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_

HOME  
TELEPHONE

\_\_\_\_\_

SOCIAL  
SECURITY #

\_\_\_\_\_

DATE

\_\_\_\_\_

WITNESSED BY BRAUN EMPLOYEE: \_\_\_\_\_

OR

NOTARIZED BY: \_\_\_\_\_

\*\*\*\*\* ALL APPLICATIONS MUST BE COMPLETED IN FULL AND WITNESSED\*\*\*\*\*

\*\*\*COMPLETED APPLICATIONS MAYBE EMAILED TO JBLUMENAUER@BRAUNSEAFOOD.COM\*\*\*