



Primal Custom Cutting, LLC – DBA: Vrola / DBA: Tidal Seafood

Application for Credit

PO Box 5, 603 Washington Ave, Building 8, South Amboy, NJ 08879

P: 732.525.2255 F: 732.525.2252

Email: credit@vrola.com www.vrola.com

The Applicant named below hereby requests that Primal Custom Cutting, LLC extends credit to the Applicant for the sale and delivery to Applicant of products sold by Primal Custom Cutting, LLC. In consideration of the extension of credit for which Applicant is hereby applying, Applicant agrees to pay all invoices and bills tendered by Primal Custom Cutting, LLC (or its successors and assigns) in a timely manner in accordance with the payment terms and procedures established by Primal Custom Cutting, LLC, Inc. Applicant and Guarantor(s) names below each specifically acknowledge that Primal Custom Cutting, LLC does not extend to business applicants unless all obligations of such applicants to Primal Custom Cutting, LLC are personally guaranteed by the owner(s) of such business. Each future. In the event that Applicant shall fail to pay any obligation to Primal Custom Cutting, LLC as required by this Application, each Guarantor agrees that Primal Custom Cutting, LLC is entitled to demand and receive payment of such outstanding obligations from all Guarantors. In the event that any invoice or bill tendered to Applicant in not paid in a timely manner, Applicant agrees to pay interest on all outstanding obligations at the rate of 18% per annum until payment in full is received by Primal Custom Cutting, LLC. In the event that Primal Custom Cutting, LLC elects to employ the services of any attorney to collect my obligation of Applicant or Guarantor(s) to Primal Custom Cutting, LLC, Applicant and all Guarantors agree to pay attorney's fees equal to 20% of all outstanding amounts owed by Applicant and/or Guarantor to Primal Custom Cutting, LLC. This agreement and guarantee shall be assignable by Primal Custom Cutting, LLC and shall inure to the benefit of its successors and assigns.

BUSINESS INFORMATION

Corporate Name: _____ DBA: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ *Email Address: _____

How many years in business: _____ Tax ID#: _____

Business is a: (Check one) () Proprietorship () Partnership () Corporation () LLC

Terms Requested: _____ Contact for Payment: _____

GUARANTOR(S) INFORMATION

The following information relates to the applicant's President, Vice President, Managing member(s) or Principal Partner(s) who is/are also the Guarantor(s)

Name: _____ Social Security ID: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Contact: _____ Cell Phone: _____

*Email Address: _____

Name: _____ Social Security ID: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Contact: _____ Cell Phone: _____

*Email Address: _____

BANKING INFORMATION

Bank Name: _____ Account Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Email Address: _____

TRADE REFERENCES

Business Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Email Address: _____

TRADE REFERENCES

Business Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Email Address: _____

TRADE REFERENCES

Business Name: _____ Contact Person: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

*Email Address: _____

On behalf of the Applicant and myself personally as Guarantor, I hereby accept all terms and conditions stated herein and agree and unconditionally guarantee that all obligations of the Applicant to Primal Custom Cutting, LLC (or its successors and assigns) outstanding or to be in the future will be paid as required by this application.

Print Name _____ Title _____ Signature _____ Date _____



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BANK / TRADE RELEASE AUTHORIZATION

Please provide Primal Custom Cutting, LLC with information regarding my credit history with your firm.

I hereby authorize the release of the information for credit determination purposes.

Legal Name of Applicant and Address

Authorized Signature: _____

Title: _____

Date: _____

Bank Account #: _____

Bank Name: _____

Bank Address: _____



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CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

I hereby certify that the information in this Account and Credit Application is true and correct. I also certify that the information given in this Application and in any other financial statements provided is for the use of Primal Custom Cutting, LLC in determining the amount and conditions of credit to be extended to me or my business. I hereby authorize the bank and supplier references listed in this Account and Credit Application to release to Primal Custom Cutting, LLC, the information it requires to establish a line of credit for me or my business. I understand that Primal Custom Cutting, LLC may also use other sources of credit information it considers reliable in making its determination.

Individual or Corporate Name to be Billed: _____

DBA or Trade Name: _____ Telephone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Owner or Officer: _____ Date: _____

Signature: _____

Title: _____

Authorization for Credit Report

I am executing this Authorization for Credit Report Individually for the purpose of authorizing Primal Custom Cutting, LLC to obtain a consumer credit report from time to time on me through a credit and consumer reporting agencies or other sources. I understand that Primal Custom Cutting, LLC will use such reports to evaluate my creditworthiness in connection with the proposed extension of business credit to the Application from time to time. I hereby knowingly consent to the use of such reports in accordance with the Federal Fair Credit Reporting Act as contained in the 15 U.S.C. 1681, et seq., as amended.

Name: _____ Date _____

Signature: _____

Social Security Number: _____