

CROCKER & WINSOR SEAFOODS, INC.  
P.O. BOX 51905  
BOSTON, MA 02205-1905  
TELEPHONE (617) 269-3100 FAX (617-269-3382)

**CUSTOMER CREDIT APPLICATION**

(PLEASE PRINT)

SALESPERSON: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

BILLING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SHIPPING \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

CREDIT REFERENCES: (SEAFOOD SUPPLIERS)

1. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

3. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

4. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

5. NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

1. BANK: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

ACCOUNT NO. \_\_\_\_\_ PHONE: \_\_\_\_\_

**PLEASE NOTE. ACCOUNT NUMBERS ARE VERY IMPORTANT.**

**BY SIGNING THIS CREDIT APPLICATION YOU ARE ALLOWING CROCKER & WINSOR  
SEAFOODS, INC. TO OBTAIN ANY INFORMATION THAT WILL REFLECT YOUR CREDIT HISTORY.**

OWNER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_