



# FANTASTIC FISH CO.

7750 SW 117 Ave. Suite 201  
Miami, Fl. 33183

Phone (305) 596-1555  
Fax (305) 273-3831

## CREDIT APPLICATION

BUSINESS NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

D.B.A.: \_\_\_\_\_ FAX: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

CORP. \_\_\_\_\_ PARTERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_

FEDERAL ID NUMBER: \_\_\_\_\_

### OWNERS AND OFFICERS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

IN BUSINESS SINCE: \_\_\_\_\_ ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

### TRADE REFERENCES:

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

### BANK REFERENCES:

NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

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

\_\_\_\_\_ CONTACT: \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

**I HEREBY AUTHORIZE FANTASTIC FISH CO. TO VERIFY ALL REFERENCES GIVEN.  
ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE. I PERSONALLY GUARANTEE  
PAYMENT OF THIS ACCOUNT. IN THE EVENT THAT SUIT IS BROUGHT, I AGREE THE VENUE WILL BE MIAMI  
DADE COUNTY.**

\_\_\_\_\_  
SIGNATURE OF OWNER OR CORP. OFFICER

\_\_\_\_\_  
DATE