



ROYAL LAGOON SEAFOOD, INC.

5208 Mobile South St.
Theodore, Al 36582
(251) 653-1975 fax (251) 653-1972

Remit To- P.O. Box 190693
Mobile, Al 36619

Contact Name _____ Date _____

ACCOUNT AGREEMENT

Customers who pay on delivery with a check, please complete the information down to and including line 8.

| | | | |
|------------------------------------|---|-------|-----|
| *1. FIRM NAME | * PHONE # () | | |
| 2. TYPE OF BUSINESS | * CELL # () | | |
| *3. MAILING ADDRESS | CITY | STATE | ZIP |
| *4. SHIPPING ADDRESS | CITY | STATE | ZIP |
| *5. FEDERAL ID # | YEAR BUSINESS ESTABLISHED | | |
| *6. SALES & USE TAX REGISTRATION # | | | |
| ** 7. BANK NAME | ACCOUNT# | | |
| ADDRESS | PHONE # | | |
| LOAN OFFICER | LINE OF CREDIT <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

8. I (We) understand returned checks will result in a \$35.00 assessment which must be paid immediately. Royal Lagoon shall have the right to demand payment of returned check(s) in cash or certified funds within 48 hours.

Please send copy of Driver's License

Signature _____

CREDIT APPLICATION

Customers who wish to apply for credit, please complete this additional information in full. Signatures of principal owner or officers are required. All credit information will be kept confidential. Thank You.

9. OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETORSHIP
List Principals

* A. FULL NAME _____ TITLE _____ %OWNED _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 * DRIVERS LIC# _____ HOME PHONE _____ SSN _____

B. FULL NAME _____ TITLE _____ %OWNED _____
 HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____
 DRIVERS LIC# _____ HOME PHONE _____ SSN _____

** 10. PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:
 NAME _____ PHONE # _____

* **Required information for all accounts**

****Required information for credit consideration**

TERMS REQUESTED: Net-7 Net-10

11. TRADE REFERENCES:

| SUPPLIERS NAME | MAILING ADDRESS | CITY, STATE ZIP | PHONE # | HIGH CREDIT |
|----------------|-----------------|-----------------|---------|-------------|
|----------------|-----------------|-----------------|---------|-------------|

| | | | | |
|-------|-------|-------|-------|-------|
| ** A. | _____ | _____ | _____ | _____ |
| ** B. | _____ | _____ | _____ | _____ |
| ** C. | _____ | _____ | _____ | _____ |
| ** D. | _____ | _____ | _____ | _____ |

This application for credit must be completed in full and signed by a principal owner or officer of your corporation or company. Thank you for the time taken to complete this important information about you and your business.

GUARANTEE OF PAYMENT

* _____, 201__

Customer verifies that the above information is true and correct and hereby grants permission for any person to furnish to Royal Lagoon Seafood hereafter, any and all information that may periodically be requested. Customer agrees to pay for any and all deliveries under and pursuant to its accounts, whether ordered by customer or by any person representing himself/herself/itself to be an agent, employee, or representative of the customer. No terms or conditions of purchase orders different from the terms of the Creditor will become part of any sales agreement, purchase order, or other documents unless specifically approved in writing by Creditor. No items will be accepted for return without prior approval. Credit terms are at the absolute discretion of Creditor who may terminate, alter or deny credit terms without notice and without cause. The undersigned agrees that the solvency and the continued solvency of the undersigned is a precondition to any sale made by Creditor. All sales on credit are net 7 days from date of receipt, unless otherwise specified on invoice. It is understood that the Creditor may impose and charge a finance charge or delinquency charge of one and one-half percent (1 1/2%) per month on any amount that becomes past due or delinquent. The payment of interest does not authorize the customer to defer payment of any indebtedness beyond the credit terms stated herein. In the event of the delinquency of any account, customer agrees to pay all collection costs, attorney's fees, and court cost incurred in the collection of said account, regardless of whether judicial action is undertaken. Customer also agrees that should suit be necessary to collect any past due monies, or enforce any rights, jurisdiction is consented to in the State of Alabama and venue for any such action shall lie in Mobile County.

* Dated _____ Name of Entity _____

“Undersigned/Customer”

* By _____

Owner/Partner/President- Signature

* _____

Print Name of Above, Title

PERSONAL GUARANTEE FOR CORPORATE DEBT

(Use Legal Name Only)

** I/We (print name) _____ individually and as officer or officers of the corporation, hereby authorize you to sell our company goods/merchandise and/or render services and I/We also personally guarantee payment in accordance with your credit terms. Any change must be in writing on file in your credit office. I/We further agree that if it should be necessary for you to instigate any legal proceedings for the collection of any balance due under our account, I/We along with our company agree to pay reasonable attorney's fees to be fixed by the court herein and for all costs of suit. I/We also agree that should suit be necessary to collect any past due monies, or enforce any rights, jurisdiction is consented to in the State of Alabama and venue for any such action shall lie in Mobile County.

** Dated _____ ** _____

Signature

* Required information for all accounts

** Required information for credit consideration