



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 YES 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.

*Send copy of Driver's License _____ *Signature _____

OWNER'S INFORMATION

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

*FULL NAME _____ *TITLE _____ %OWNED _____

*HOME ADDRESS _____ *CITY _____ *STATE _____ *ZIP _____

*DRIVERS LIC# _____ *HOME PHONE _____ *SSN _____

* 10. PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:

SIGNATURE _____ PHONE # _____

* Required information for all accounts