

**ISLAND SEAFOOD TRANSPORTATION, INC.  
VENDOR CREDIT APPLICATION**

Please fill out the following form and fax it back at (516) 977-3060

Company Name: \_\_\_\_\_ Date of Application \_\_\_\_\_

Type of business: \_\_\_\_\_ In business Since: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Bank Name/Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Accounts Payable/Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

**Trade Reference Information:**

1. Name: \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Fax# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_

Thank you and we look forward to doing business!

**ISLAND SEAFOOD TRANSPORTATION, INC.**

377 Guy Lombardo Ave, Freeport NY 11520

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MC 697204 | US DOT 1816124