

SLSM: _____



BAR HARBOR LOBSTER CO., Inc.
2000 PREMIER ROW ORLANDO, FL. 32809

Quality Seafood since 1985
(407) 851-4001 Fax (407) 447-6405

PART 1

TRADE OR DBA NAME: _____ CORP NAME: _____ YRS IN BUSINESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NO.: _____ FAX NO.: _____ FEDERAL TAX ID NO.: _____

CHECK AUTHORIZATION: Must be completed by person authorized to sign checks. *SIGNATURE IS MANDATORY

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL _____ D/L# & ST: _____ HOME PHONE: _____

BANK INFORMATION

BANK NAME	ADDRESS	CITY	STATE	ZIP

CONTACT PERSON	CHECKING ACCOUNT NUMBER

TERMS OF COD DELIVERIES

- All payments are due and payable in full at the time of delivery.
- In the event that the payment is not made or a check is returned for any reason, the Applicant agrees to pay for all costs of collection, including attorney's fees an expense (pre- and post-judgment, including appeals). Attorney's fees may be liquidated at thirty-three percent (33%) of the outstanding balance on account, at the election of Bar Harbor Lobster Co.
- Any dispute between the parties shall be litigated in the appropriate court in Orange County Florida.
- Bar Harbor Lobster Co. shall have a purchase-money security interest in any goods purchased pursuant to the extent necessary to recover all moneys owed Bar Harbor Lobster Co. from the Applicant.
- The signer hereof individually and not in any representative capacity shall be responsible for all checks returned unpaid to Bar harbor Lobster Co. for any reason whatsoever. Likewise, the individual signing below agrees personally to inform Bar Harbor Lobster Co. of any change in ownership of the Applicant's business and shall become personally responsible for any deliveries made to a new owner prior to Bar Harbor Lobster Co. receiving said notice by registered mail.

DATE: ____ / ____ / ____

(SIGNATURE OF OFFICER, OWNER, PARTNER)

(DRIVER'S LICENSE #)

(PRINT NAME)