

FISH IN THE BAG, INC.

Customer Purchasing Application

PLEASE FILL AND PRINT

BUSINESS OWNERSHIP

COMPANY NAME	_____	YEARS IN BUSINESS	_____
ADDRESS	_____	TAX ID#	_____
CITY	_____	RESALE#	_____
STATE	ZIP	BUSINESS PHONE	_____
CONTACT NAME	_____	OTHER PHONE	_____
TITLE	_____	BUSINESS FAX	_____
INCORPORATE? YES / NO	_____	AIRPORT OF DESTINATION	_____
IF SOLE PROPETIOR, OWNER NAME	_____	PREFERRED AIRLINES	_____
ADDRESS	_____	E-MAIL	_____
CITY	STATE	ZIP	_____
SSN	DRIVER LICENSE	_____	_____

TRADE REFERENCE

COMPANY NAME	ACCOUNT#	PHONE
ADDRESS	_____	CONTACT
_____	_____	_____

TRADE REFERENCE

COMPANY NAME	ACCOUNT#	PHONE
ADDRESS	_____	CONTACT
_____	_____	_____

TRADE REFERENCE

COMPANY NAME	ACCOUNT#	PHONE
ADDRESS	_____	CONTACT
_____	_____	_____

PURCHASING POLICY / TERMS OF SALE

DUE TO NATURE OF THE PRODUCT (LIVE STOCK), APPLICANT AGREE TO TAKE FULL RESPONSIBILITY FOR ANY LOSSES OCCURE BECAUSE OF MORTALITY ON ARRIVAL AND/OR ANY MORTALITY THEREUPON. APPLICANT TAKE A FULL RESPONSIBILITY FOR AN LOSSES RESULTING FROM CARRIER DELAYS OR MISHANDLING. IN CASE CARRIER DELAYS AND/OR MISHANDLING OCCURRED, APPLICANT MUST FILE THE CLAM DIRECTLY WITH CARRIER. APPLICANT IS RESPONSIBLE FOR ALL ORDERS PLACED AND REFUSAL OF SHIPMENT DOES NOT RELEASE APPLICANT FROM FINANCIAL RESPONSIBILITY.

APPLICANT MUST BE OWNER OR OFFICIAL OFFICER.

UPON SIGNING UP THIS FORM. APPLICANT UNDERSTAND AND AGREE WITH PURCHASING POLICY MENTIONED ABOVE.

APPLICANT SIGNATURE _____ DATE _____
APPLICANT NAME (PRINT) _____ APPLICANT TITLE _____

PLEASE REFAX TO (310) 329-3878 THIS FORM UPON COMPLETION; PLEASE INCLUDE COPY OF BUSINESS LICENSE.