

FISH IN THE BAG, INC.

Credit Card Authorization

PLEASE FILL AND PRINT

BUSINESS OWNERSHIP

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

CREDIT CARD INFORMATION

CREDIT CARD TYPE **VISA CARD / MASTER CARD / DISCOVER CARD (AMERICAN EXPRESS Extra Charge 3.5%)**

CREDIT CARD # _____

EXPIRATION DATE _____

NAME ON CARD _____

SECURITY CODE _____ USUALLY 3 DIGIT NUMBER

BILLING ADDRESS WHERE YOU RECEIVE CREDIT CARD STATEMENT

ADDRESS _____

CITY _____

STATE _____ ZIP _____

I AGREE TO PAY THE PURCHASE OF LIVE TROPICAL FISHES, CORALS, INVERTS, PLANTS, LIVE ROCK AND ANY OTHER LIVE STOCK AND/OR DRY GOODS AND/OR SERVICES FROM FISH IN THE BAG, INC. USING MY OR OUR COMPANY CREDIT CARD INFORMATION SHOWN ABOVE. I HEREBY AGREE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

PURCHASING POLICY / TERMS OF SALE

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

*APPLICANT MUST BE OWNER OR OFFICIAL OFFICER. (*****NEED CREDIT CAR COPY WITH DRIVER LICENSE SIGNATURE MATCH*****)
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) 329-0883 THIS FORM UPON COMPLETION; PLEASE INCLUDE COPY OF BUSINESS LICENSE.