



SANTA MONICA
SEAFOOD[®]
Family Owned Since 1939
2500 Comanche Rd NE
Albuquerque, NM 87107
(505) 888-6969

Customer COD Application

Please complete all parts of this form, sign where indicated and mail to the above address or fax to (505) 881-4911.

Legal Company Name _____

Doing Business As _____

Street Address _____ City, State, and Zip _____

Mailing Address _____ City, State, and Zip _____

Phone Number _____ Fax Number _____ E-mail Address _____

Business Legal Status: _____ Proprietorship _____ Partnership _____ LLC _____ Corporation _____ S. Corporation _____ LLP

Federal Tax ID Number: _____ NM CRS Number: (NM Business only) _____

Authorized Check Signer

Name _____ Title _____

Home Street Address _____ City, State, and Zip _____

SS# _____ DOB _____ Driver's License # _____ State _____

Bank Reference

Name _____ Checking Account # _____

Street Address _____ Loan Officer _____

City, State, and Zip _____ Phone _____ Fax _____

PPD Recurring Debits Authorization

I (we) hereby authorize Santa Monica Seafood Company, and/or its subsidiaries, affiliates and assignees (herein after referred to as the "Company"), to initiate *debit entries to my (our)* *Checking* / *Savings Account (select one) indicated below at the depository financial institution named below, hereafter called "Depository", and to debit or credit the same to such account. If this item is returned unpaid, I authorize an additional returned check fee of the maximum amount as allowed by the state to be charged to this account.*

Depository Name _____ Routing Number: _____ Account Number: _____

Varying amounts not to exceed the dollar total amount of the invoices due.

Number of Payments: _____, or indefinitely (check here) Frequency of Payments: Weekly (Every Wednesday for Previous Week Purchases)

This authorization is to remain in full force and effect for the number of payments authorized above or until the Company has received written notification from me (or us) of its termination, in such time and such manner as to afford the Company and Depository a reasonable opportunity to act on it.

Name: _____ Date: _____ Signature: _____

Please attach a voided check to this authorization

I the undersigned, being a duly authorized individual, do hereby authorize Santa Monica Seafood Company, and/or its subsidiaries, affiliates and assignees from time to time to contact the above listed Institution for the purpose of obtaining credit information for consideration of this application. This Agreement shall be governed by and subject to the laws of the state of New Mexico, and any action between the Company and the Applicant regarding the Applicant's account shall be litigated in the appropriate court in Bernalillo County, New Mexico. Applicant shall pay the Company a service charge for all checks returned by Applicant's bank. In the event the account is turned over to an attorney or other agency for collection or suit, Applicant shall pay all reasonable attorney's fees and court costs incurred by the Company. If paying by check, please be aware that you are authorizing the Company to use the information on your check to make a one-time electronic debit to your checking account in the event that your check does not clear through normal clearing channels.

Name (Please Print) _____ Signature _____ Date _____

The Equal Credit Opportunity Act (ECOA) prohibits a credit grantor from discriminating against a credit applicant on the basis of race, color, religion, national origin, sex, marital status, or age. The Federal Trade Commission administers compliance with ECOA.