



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 \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

**Bank Reference**

Name \_\_\_\_\_ Checking Account # \_\_\_\_\_

Street Address \_\_\_\_\_ Loan Officer \_\_\_\_\_

City, State, and Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PPD Recurring Debits Authorization**

I (we) hereby authorize SEATTLE FISH COMPANY OF NEW MEXICO, hereinafter called 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 from the prior month

Number of Payments: \_\_\_\_\_,  or indefinitely (check here) Frequency of Payments:  As needed for unpaid invoices past credit terms

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 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 Seattle Fish Company of NM 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 Seattle Fish Company of NM and the Applicant regarding the Applicant's account shall be litigated in the appropriate court in Bernalillo County, New Mexico. Applicant shall pay Seattle Fish Company of NM 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 Seattle Fish Company of NM. If paying by check, please be aware that you are authorizing Seattle Fish Company of New Mexico 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.