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"If It Swims, We Sell It"

P. O. BOX 1225
SHREVEPORT, LA. 71163

1192 HAWN AVE.
SHREVEPORT, LA 71107

"If It Swims, We Sell It"

COMPANY APPLICATION

COMPANY _____

MAILING ADDRESS _____ CITY _____ ST _____ ZIP _____

MUNICIPAL ADDRESS _____ CITY _____ ST _____ ZIP _____

PHONE: (_____) _____ CELL: (_____) _____ FAX: (_____) _____

EMAIL ADDRESS: _____ Accounts Payable Contact: _____

TYPE OF OWNERSHIP: _____ CORP. _____ PARTNERSHIP _____ SUBSIDIARY OF _____

PRINCIPAL OWNERS:

<u>NAMES</u>	<u>Driver's License</u>	<u>POSITION</u>	<u>ADDRESS</u>
1) _____			
2) _____			
3) _____			

LENGTH OF TIME IN BUSINESS _____ FEDERAL TAX ID #/SSN#: _____

CUSTOMER NAME

TITLE

DATE