



SEABOARD INDUSTRIES

CHECK APPROVAL FORM

Firm Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Year Established: _____

Partnership: _____ Corporation: _____ Sole Proprietorship: _____

Name of Principals/Owners: (please print)

1) _____ Home Address _____
Title _____ SS# _____

2) _____ Home Address _____
Title _____ SS# _____

3) _____ Home Address _____
Title _____ SS# _____

Name of Authorized Buyers for your Company:

1) _____ Title: _____
2) _____ Title: _____
3) _____ Title: _____

Do you require Purchase Orders? Yes _____ No _____

Bank Name: _____ Telephone: _____

Address: _____ Account #: _____

All returned checks will be replaced with cash or certified funds.
A \$50.00 fee will be charged for each returned check.

Applicant's signature attests financial responsibility, ability and willingness to pay our invoices in accordance with the invoice terms.

Signature: _____ Date: _____

Please print the name and title of above: _____

Corporate Offices

185 Van Winkle Avenue
Hawthorne, New Jersey 07507
(973) 427-8500 • fax (973) 427-8591

Sparkling Water: *Simply & Easily*™
www.seaboard-usa.com

1941 Rutgers University Blvd.
Lakewood, New Jersey 08701
(732) 901-5700 • fax (732) 901-5959