



NEW & EXISTING VENDOR INFORMATION - 2024/2025

Please complete and return this form with a copy of a valid permit(s) and driver’s license.
OR email copies to invoices@wellfleetshell.com

Name: _____

Species: OYS CLAMS SCALL LOBS Other _____
Please circle all that apply.

Fishing Vessel: _____

State Permit #: _____

Fishing Vessel (2): _____

#: _____

MOP? (Aqua / Rakes / Dredge / Trap /etc....): _____

Federal Permit: _____

Farmed/Wild/Both?: _____

Standard Harvest Area: _____

Farm Harvest Area (if applicable): _____

Landing Ports: 1- PTown 2-Truro 3-Wellfleet

Check Payable to: _____

4-Eastham 5-Orleans 6- Chatham 7- Yarmouth

Email: _____

8- Other: _____

Phone #: _____

Please circle all that apply.

Address: _____

Notes/Comments: _____

Checks will be available on Fridays after 3pm.

For direct deposit - please email invoices@wellfleetshell.com with a voided check.

****For regulatory reasons, payment cannot be issued without current license imprint swipe
AND an extra harvest tag if applicable for receiving.****

Thank you for your business!

DATE & SIGNATURE : _____