

Application for Wholesale Account

Attn: Account Management
500 Westridge Drive • Watsonville, CA 95076

Phone: (800) 621-6885 #7 Fax: (831) 761-6830 acctmgmt@portsupply.com

	Company Name:									Date:						
Trade Name / DBA:																
		ing Address:									State:	State: Zip:				
Phone:(
Email: Web site: Phone: ()																
	поп	ome Address:														
Description of Business: Date Established: # of E													of Empl	oyees:		
	Are you a mobile or home based business?															
	Annual Gross Sales: \$ Projected Monthly Purchases: Should your account be:															
	Print names of up to 3 full time employees authorized to purchase on this account:															
	FIIII				•	•		•				3)				
	Buyers :															
	Key Marine Suppliers: (Please list other marine distributors/manufactures with whom you have a wholesale account)															
Company Name Phone# Fax# COD or Op													n Terms			
						() -)	-					
_	2.					(_) -)	-					
	Payment type requested: Credit Card COD Open Terms* PO Required? Yes No															
*For consideration of open terms please complete the following information: Incorporated Sole Proprietorship Partnership LLC																
	Fed 1												ш	LLC		
Fed ID# or Tax ID#: Duns#: A/P email: Phone:()	-				
	Credit References:															
_	Company Name				Phone#				Fax#			COD or Open Terms				
_		l. 2.								() -						
_	3.					() -		_ ()	-					
	Bank Reference:															
	Bank Name: Average Balance: \$						Phone#: () -					Account#:				
													<u> </u>			
Signature required on all applications I certify that all statements are true and complete and authorize any wholesale, commercial, or if a proprietorship, business or personal credit investigation needed for																
	verification. I hereby agree to seller's terms and conditions of sale as documented by the seller and agree to make all payments due. I further agree to pay any and all collection costs and/or attorney's fees involved in the collection of these debts. In addition I agree to pay 1.5 percent monthly late charges on any due and unpaid balances. Title to all purchases vests in the seller until paid in full by purchaser.															
	Signa	ature:						Title:					Date	:		
	(Owner/Principal, Partner, or Corporate officer)															
The following MUST be included with your application: 1) copy of your business license 2) copy of marine advertising																
	3) state resale certificate for tax exemption															
Completing an application does not guarantee an account with Port Supply																
Personal Guarantee - Please complete and sign if requesting open terms.																
	I,, residing at															
	for go	ood and	valuable co	onsideration	, including	the exten	sion of credit	to the co	mpany or com	panies listed	d on this ap	plication fron	n which I w	ill benefit	: do hereby	
									er to Port Supp n-payment or o							
	jury t	rial and	consent to	all renewal	s and modi	fications o	of terms of sa		it. This is a co							
	muen	reuness	oi custom	ei wille to	ulat Of CUS	somer to	Port Supply.									
	Date	e:			Signati	ıre:						Phone	e #: _(_)		
				ı			F		Supply Use	Only						
0	D	Ву	Date	MkT#	Sls#	Zone	Cgry	WHS	Ship Via	Frt Al	PRB	Cards	PTL	Cat	Account #	
									1							