

SEATTLE MARINE & FISHING SUPPLY CO.

Return to:
Seattle Marine & Fishing Supply
PO Box 99098
Seattle, WA 98139

Credit Application
Page 1

CONFIDENTIAL CREDIT APPLICATION

Or Fax to: (206) 285-7925
Or email to: seamar@seamar.com

Company/Name: _____ Phone: (____) _____ Fax: (____) _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Shipping Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____ Email: _____

Years in business: _____ Years at billing address: _____ Website: _____

Type of Account (Check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Aquaculture/Mariculture | <input type="checkbox"/> Boat Builder | <input type="checkbox"/> Boat Yard / Service |
| <input type="checkbox"/> Catcher/Processor | <input type="checkbox"/> Charter Boat | <input type="checkbox"/> Commercial Fishing → |
| <input type="checkbox"/> Construction/Contractor | <input type="checkbox"/> Cruise Line/Tour Boat | <input type="checkbox"/> Fish Tender |
| <input type="checkbox"/> Food Processor | <input type="checkbox"/> Government Entity | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Marina/Resort/Yacht Club | <input type="checkbox"/> Recreational Boater | <input type="checkbox"/> Retail Dealer |
| <input type="checkbox"/> Specialty Netting | <input type="checkbox"/> Surveying/Research | <input type="checkbox"/> Transportation (Air,Rail) |
| <input type="checkbox"/> Tug/Barge Operator | <input type="checkbox"/> Other (Please Specify) _____ | |

If Commercial Fishing
Check All that apply:

<input type="checkbox"/> Crab	<input type="checkbox"/> Seine
<input type="checkbox"/> Gillnet	<input type="checkbox"/> Trawl
<input type="checkbox"/> Longline	<input type="checkbox"/> Troll
<input type="checkbox"/> Other _____	

Vessel Information (if applicable)

Vessel Name _____

Vessel # _____

State Business License Number _____ **Please include a copy of your Business License.**

WA State Reseller Permit Number _____ **Please include a copy of your Resellers Permit.**

For non-resident tax exempt sales, please include a copy of proof of residency from your state, territory or province.

Is a company purchase order required? Yes No

Do you accept backorders? Yes No

Credit limit requested \$ _____

Name of persons authorized to charge on account (Please list names):

SOLE OWNER / PARTNERS

Name _____

Address _____

Former Address _____

SS# _____

Birth Date _____

CORPORATE OFFICERS

Name _____

SS# _____

Approximate present net worth of company: \$ _____



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**Credit
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Page 2**

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Security Holder:

Bank: _____ Branch: _____ Phone: (____) _____

Account Number: _____ Bank Officer: _____

TRADE CREDIT REFERENCES:

Company: _____ Contact: _____ Ph: (____) _____ Fax: (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Company: _____ Contact: _____ Ph: (____) _____ Fax: (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Company: _____ Contact: _____ Ph: (____) _____ Fax: (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

Company: _____ Contact: _____ Ph: (____) _____ Fax: (____) _____

Address: _____ City: _____ ST: _____ Zip: _____

TERMS AND CONDITIONS

1/We promise to pay my/our account in full within 30 days after statement is received or as specified in terms and conditions of a separate written contract. If this account is not paid as agreed, a delinquency charge shall be computed at the rate of 12% per annum on the unpaid balance. In the event that it becomes necessary to assign the account for collection, 1/we agree to pay agency fees of one-third and/or if legal action (or appeal) is required, 1/we agree to pay reasonable attorney's fees and costs that are incurred. If suit is brought, venue may be laid in the county and state of Seattle Marine's choice.

You are authorized to contact any or all of the above references regarding my/our credit standing and/or obtain a consumer credit report regarding my/our credit status. 1/We have read the above terms and conditions and agree to abide by them.

Company Name: _____ Date: _____

Authorized Signature: _____ Title: _____

Authorized Signature: _____ Title: _____

GENERAL PERSONAL GUARANTEE

1/We hereby agree to the above terms and conditions stated and do assume personal liability for payment of said applicant's account. It is understood that credit will not be extended to said applicant without this personal guarantee.

Signature: _____ Date: _____

Signature: _____ Date: _____

