WARD+S
MARINE ELECTRIC

CREDIT APPLICATION

Date	Legal Name of Company		Doing Business As

Street Address:		City/State	Zip Code

Email Address	Phone Number:	Fax Number:

Billing Address (If different than above)	City/State	Zip Code

Owner of Company	Account Contact	Phone Number

Year Business was established	Annual Sales	DUNS#

Purchase Order required ___ Yes ___ No	Name of Purchasing Agent

Sales Tax Exemption ____ Yes ____ No	If yes, please attach a copy of your Certificate of Resale to this application.

Type of Business (Please check one)

___ AC/Refrigeration   ___ Electronics Contractor   ___ Marina   ___ Yacht Management
___ Boat Builder   ___ Engine Repair   ___ Marine Surveyor   ___ Other (Please specify)
___ Boat Yard   ___ Generator Repair   ___ Marine Wholesaler
___ Electrical Contractor   ___ Manufacturer   ___ Yacht Broker

Bank Name	Contact	Checking Account Number

Bank Address	City/State	Zip Code	Phone Number

Bank Transit Number

Major Credit Card (Visa, Master Card, American Express)	Account Number	Expiration Date	Validation Code:

Trade References:

1. Name	Address	Phone Number
		Fax Number
		Email Address

2. Name	Address	Phone Number
		Fax Number
		Email Address

3. Name	Address	Phone Number
		Fax Number
		Email Address

Statements are mailed the FIRST of each month for the previous month's invoices and are due by the FIFTEENTH of the same month. Your signature on this application is acknowledgment and acceptance of credit terms. A late fee of 1.5% will be added to any account not paid by the fifteenth of the month. In the event of suit for collection, reasonable attorney's fees and collection costs including any appellate costs will be added to this account.

Name (Please Print): _____   Signature: _____   Title: _____