



**HEADQUARTERS**

617 S.W. Third Avenue  
 Fort Lauderdale, FL 33315  
 Phone: 954.523.2815  
 Toll Free: 800.545.9273  
 Toll Free Fax: 800.297.8240

**WEST PALM BEACH**

999 West 17th Street • Unit #3  
 Riviera Beach, FL 33404  
 Phone: 561.863.7100  
 Fax: 561.863.7008

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 www.wardsmarine.com, info@wardsmarine.com

**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)					
<input type="checkbox"/> AC/Refrigeration		<input type="checkbox"/> Electronics Contractor		<input type="checkbox"/> Marina	
<input type="checkbox"/> Boat Builder		<input type="checkbox"/> Engine Repair		<input type="checkbox"/> Marine Surveyor	
<input type="checkbox"/> Boat Yard		<input type="checkbox"/> Generator Repair		<input type="checkbox"/> Marine Wholesaler	
<input type="checkbox"/> Electrical Contractor		<input type="checkbox"/> Manufacturer		<input type="checkbox"/> Yacht Broker	
<input type="checkbox"/> Yacht Management		<input type="checkbox"/> Other (Please specify)			
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	
<p>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.</p>					
<p>Name (Please Print): _____ Signature: _____ Title: _____</p>					