

The Englund Marine Group...delivering Customer Satisfaction since 1944.

Our wholesale locations, Marine Wholesale and U.S. Distributing specialize in distributing marine parts and accessories to boat dealers, boat repair shops, marine accessory stores, boatyards, boat builders, government agencies and other marine related businesses in the western United States. We also sell marine products to non-marine businesses who utilize marine products in the course of their business. We do not sell to the retail public; to qualify for a wholesale account, applicants must have a legitimate business license. If you are a consumer looking for a marine product please feel free to call us and we will refer you to one of our dealers near you or visit our website at www.englundmarine.com.

Below you will find our wholesale account application. The same application can be used for all of our locations. We ask that you fill it out completely, sign it and return it to the location nearest you. To expedite processing please mail, fax or email your application to the appropriate office:

Marine Wholesale for customers in:

Arizona, California, Colorado, New Mexico, Nevada and Utah.

U.S. Distributing (Portland and Missoula branches) for customers in:

Alaska, Idaho, Montana, Oregon, Washington and Wyoming.

If you would like to have invoices and or statements automatically sent to you via email, please be sure to indicate this on the third page of the application. For your protection, we also ask that you indicate who is authorized to use your account.

Once your application has been approved, you can log on to our website at www.englundmarinegroup.com (www.marinewholesaleinc.com and www.usdistributinginc.com work too) and request a web account.

Thank you for your interest in our company and as always, don't hesitate to call us.



ACCOUNT APPLICATION

BUSINESS INFORMATION:

Please select the location you would like to be your primary source of supply.

Marine Wholesale - AZ U.S. Distributing - OR, MT

FULL NAME OF BUSINESS: _____

FULL NAME OF CONTACT PERSON: _____ EMAIL _____

PHONE: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE BUSINESS STARTED: _____ PRESENT OWNERSHIP SINCE: _____

TAX ID # _____ BUSINESS LICENSE CITY & NUMBER _____

SOLE PROPRIETORSHIP: _____ CORPORATION: _____ PARTNERSHIP: _____

TYPE OF BUSINESS: PLEASE CHECK ALL THAT APPLY.

RETAIL ACCESSORIES ONLY

BOAT DEALER ONLY

BOAT DEALER WITH ACCESSORIES

BOAT DEALER WITH REPAIR

MOBILE REPAIR

BOAT YARD

BOAT REPAIR ONLY

OTHER: _____

ESTIMATED MONTHLY PURCHASES: _____

CREDIT TERMS DESIRED:

C.O.D. (Pay at time of delivery) CREDIT CARD (Charge all your purchases to a Visa or Mastercard)

OPEN CREDIT ACCOUNT: REQUESTED CREDIT LINE: _____

TRADE & CREDIT REFERENCES (*List at least three; Please provide LOCAL references whenever possible.*):

NAME:	ADDRESS	CITY, STATE & ZIP	FAX:

CREDIT INFORMATION:

If a corporation, provide Federal ID# _____ If a Sole Proprietorship, provide Soc. Sec. # (s) below.

List Principals of Corporation, Partnership or Proprietorship:

Name: _____ Name: _____ Name: _____

Address: _____ Address: _____ Address: _____

State, ST: _____ State, ST: _____ State, ST: _____

Position: _____ Position: _____ Position: _____

Soc. Sec. #: _____ Soc. Sec. #: _____ Soc. Sec. #: _____

Other persons authorized to charge on this account are: _____

BANK REFERENCE:

NAME: _____ BRANCH: _____

ACCT# _____ PHONE: _____

Are there any outstanding judgments, lawsuits or liens which involve the business or any of its principles? Yes _____ No _____

If yes, please explain: _____

Have you been declared bankrupt in the last 14 years? Yes _____ No _____ If yes, where? _____

******* ALL APPLICANTS MUST SIGN THIS SECTION *******

INTEREST AND ATTORNEY FEES

The undersigned applicant warrants that the information submitted on the credit application is true, complete, and correct as of the date signed. Applicant understands the information submitted is relied on as the basis for extending credit, and any misrepresentation or false statements made will be considered evidence of fraud.

I hereby authorize Englund Marine Supply Co. dba MARINE WHOLESALE or U.S. DISTRIBUTING to use any credit bureau or agency to verify the information and to inquire of the references provided in this application. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to Englund Marine Supply Co. In the event Englund Marine Supply Co. chooses to extend credit, such extension of credit shall be governed by Englund Marine Supply Co. credit terms and conditions in effect at the time of sale. Applicant understands and agrees that additional terms and conditions of any sale may be set forth on invoices or purchase orders. However, the terms set forth on this credit application will also apply to each and every purchase order by Applicant.

In consideration of extension of credit, Applicant agrees to pay for all purchases within the terms stated on the invoice, and agrees to pay a service charge of 1.5% per month (18% per year) on all past due balances. Interest will be compounded monthly. Applicant also agrees to pay costs of collection, including collection agency fees, attorney's fees, court costs and all other costs allowed by law, incurred by Englund Marine Supply Co. to recover any past due balances owed. It is also agreed that any court actions for collections of past due balances may be brought in Clatsop County, Oregon and that the laws of the state of Oregon shall apply.

The undersigned, hereby warrants his/her authority to bind applicant and also agrees to personally guarantee all obligations of the Applicant to Englund Marine Supply Co. Applicant acknowledges that the information set forth in this application is given as an inducement to extend credit, and that the terms set forth in their application are binding on the undersigned.

THE UNDERSIGNED HAS FULLY READ AND AGREES TO ALL OF THE ABOVE

PRINT OFFICERS NAME: _____ TITLE: _____

OFFICER SIGNATURE: _____ DATE: _____

ACCOUNT PREFERENCES:

Require signature at time of purchase? Yes _____ No _____ **PO Required?** Yes _____ No _____
Taxable? Yes _____ No _____ **Resale #:** (Include copy) _____ Exp _____
Other Exemption: (Include copy) _____

Invoice Options: _____ Send copy with statement -or- Email copy to: _____

Do you want an invoice printed at time of purchase? Yes _____ No _____

Monthly Statement Option: _____ Mail -or- Email to: _____

SIGNERS ON THE ACCOUNT (*List other persons authorized to use or charge on this account.*):

Name:	Title/Position:	Phone #:	Email:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Once you have your account #, please log on to www.usdistributinginc.com or www.marinewholesale.com to register for an online web account.

Please return this form to the location closest to your business

Marine Wholesale Inc.
2249 W. Fairmont Drive
Tempe, AZ 85282
Phone: 602-243-5885
Fax: 602-243-5998

U.S. Distributing
13327 N Woodrush Way
Portland, OR 97203
Phone: 503-284-7245
Fax: 503-281-2127