

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 our dealers near you.

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.

MARINE WHOLESALE



U.S. DISTRIBUTING

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: _____

SHIPPING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE BUSINESS STARTED: _____ PRESENT OWNERSHIP SINCE: _____

TAX ID # _____ BUSINESS LICENCE CITY & NUMBER _____

SOLE PROPRIETORSHIP: _____ CORPORATION: _____ PARTNERSHIP: _____

TYPE OF BUSINESS: *PLEASE CHECK ALL THAT APPLY.*

<input type="checkbox"/> RETAIL ACCESSORIES ONLY	<input type="checkbox"/> MOBILE REPAIR
<input type="checkbox"/> BOAT DEALER ONLY	<input type="checkbox"/> BOAT YARD
<input type="checkbox"/> BOAT DEALER WITH ACCESSORIES	<input type="checkbox"/> BOAT REPAIR ONLY
<input type="checkbox"/> BOAT DEALER WITH REPAIR	<input type="checkbox"/> OTHER: _____

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

NAME:	ADDRESS	CITY, STATE & ZIP	FAX:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED MONTHLY PURCHASES: _____

CREDIT TERMS DESIRED:

C.O.D. (Pay at time of delivery) CREDIT CARD (Charge all your purchases to your credit card)

OPEN CREDIT ACCOUNT: REQUESTED CREDIT LINE: _____

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 REFERENCES:

NAME: _____ BRANCH: _____

ACCT# _____ PHONE: _____

NAME: _____ BRANCH: _____

ACCT# _____ PHONE: _____

***THE FOLLOWING INFORMATION IS REQUIRED
YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT***

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?

INTEREST AND ATTORNEY FEES

Interest shall accrue on all charges not paid within 30 days from the date of billing at the rate of 1-1/2% per month (18% annual percentage rate) until paid. Furthermore _____ agrees to pay all costs including reasonable attorney's fees at trial and on appeal incurred by MARINE WHOLESALE, INC. or U.S. DISTRIBUTING, INC ("The Englund Marine Group") in enforcing any of its rights in connection with this agreement.

It is understood that this credit application and agreement is in no way obligating The Englund Marine Group to extend credit to _____.

_____ Hereby authorizes The Englund Marine Group., any credit bureau or other agency to verify the information and to inquire of the references provided in this application by _____. In the event The Englund Marine Group. chooses to extend credit, such extension of credit shall be governed by The Englund Marine Group's credit terms and conditions in effect at the time of sale.

DATE: _____

AUTHORIZED SIGNATURE: _____

ACCOUNT SET UP INFORMATION

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

Billing Address

Attention: _____

Street or PO _____

City _____

ST _____

Zip _____

Ship to Address

Attention: _____

Street _____

City _____

ST _____

Zip _____

Phone # _____

Fax # _____

Email _____

Key Contact Name:

Phone # _____

Fax # _____

Email _____

Position: _____

Business Type: _____

PO Required: Y/N

____ Yes ____ No

Taxable Y/N

____ Yes ____ No

Resale # (include copy) _____

Expiration _____

Other Exemption:

(include copy of exemption) _____

Invoices: (Circle one)

Mail: Fax: Email

Fax to #: _____

Email to: _____

Indicate if you would like invoices emailed or faxed daily, or mailed 1x per month with your statement. If email is chosen, no copies will be sent with your monthly

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

Statement: (Circle one)

Mail: Fax: Email

Fax to #: _____

Email to: _____

Indicate how you would like to receive your monthly statement.

Signers on the Account:

Please include person title / job (e.g. Purchasing / Shop Lead / etc)

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

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
7750 NE 17th Ave
Portland, OR 97211
Phone: 503-284-7245
Fax: 503-281-2127

