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:**

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: ___________________________

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.

_____ RETAIL ACCESSORIES ONLY   _____ MOBILE REPAIR

_____ BOAT DEALER ONLY   _____ BOAT YARD

_____ BOAT DEALER WITH ACCESSORIES   _____ BOAT REPAIR ONLY

_____ BOAT DEALER WITH REPAIR   _____ 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.

Billi ng 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 __________________________

Business Type: __________________________

PO Required: Y/N __________________________
Yes ______ No ______

Taxable Y/N __________________________
Yes ______ No ______

Resale # /include copy: __________________________ Expiration __________________________
Other Exemption: __________________________

Invoices: (Circle one) Mail: Fax: Email
Fax to #: __________________________ Email to: __________________________

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