



MAIL OR FAX TO:

LEWIS MARINE SUPPLY of GREENPORT, Inc.

P. O. Box 2103 • Greenport, NY 11944
Ph: (631) 477-1078 • Fax: (631) 477-1215
salesee@lewismarine.com

1-11-09 NY

LMS ONLY
Approved By _____ Date _____
Acc. No. _____
Route _____ Geo. Code _____

NEW ACCOUNT APPLICATION

ALL APPLICATIONS MUST BE SIGNED AND COMPLETED FULLY TO BE PROCESSED. PLEASE TYPE OR PRINT.

Account Name _____ Application Date _____

Delivery Address _____ Street _____ City _____ County _____ State/Country _____ Zip/Postal Code _____

Mailing Address _____ Street _____ City _____ State/Country _____ Zip/Postal Code _____

Freight Forwarder (if applicable) _____ Street _____ City _____ State/Country _____ Zip/Postal Code _____

Fax Number _____ Phone Number _____ E-Mail Address _____ Do you export? Yes No

Type of Business (check one): Marine Trade Other Than Marine Trade Is a purchase order required? No Yes

Type of Business Ownership (check one): Sole Proprietorship/Individual Ownership Partnership Corporation/L.L.C.

Please describe your business activities: _____

If you wish to restrict purchasing privileges to specific individuals, please specify authorized purchasers: (1) _____ (2) _____

Method of Payment (check one): Cash on Delivery (Credit Cards or Business Checks are acceptable. No Personal Checks.) Lewis Marine Open Account. If Lewis Marine Open Account is desired, complete the credit portion of this application.

AMERICAN EXPRESS, MASTERCARD, VISA, DISCOVER
Do you want Lewis Marine Supply to keep your credit card number on file for automatic payment of your orders? Yes No

If Yes, credit card number: _____ Exp. Date: _____ 3 or 4-Digit Code: _____

Name and Address on Card: _____

Applicant acknowledges and agrees that if this application is approved by Lewis Marine Supply (LMS), that the applicant shall abide by the Lewis Marine Supply credit policy, requirements and terms set forth in this application and in the attached LMS policy. Further, it is acknowledged and agreed that LMS reserves the right at any time, in its sole discretion, to modify the account requirements and/or terms, including the right to cancel the account. Past due accounts are subject to interest at the rate of 1.5% per month on the past due amount. Should it become necessary for LMS to enforce its right to payment on the account by legal process, including engaging attorneys who, with or without suit, assist in the collection of the account, then applicant shall be responsible, in addition, to all other sums owed on the account, for all reasonable attorneys' fees and costs sustained by LMS.
Sales tax must be collected on any purchases unless a copy of the sales tax certificate is provided.

Signature of Applicant _____ Printed Name of Applicant _____

(NOT NECESSARY TO COMPLETE THIS PORTION UNLESS LEWIS MARINE OPEN ACCOUNT IS DESIRED)

CREDIT INFORMATION: If a guarantee is required, the credit information requested must be for the Guarantor. Applicant and Guarantor, if applicable, agree to a credit check by a credit bureau of Lewis Marine Supply's choice.

How long in business at this address? Yrs. _____ Mos. _____ (If less than 12 months, give prior addresses for the past 1 year.)

Tax I.D. Number (If Sole Proprietor or Individual Ownership, give social security number; otherwise, give federal tax I.D. number): _____

CREDIT REFERENCES: If Marine Trade Business, list marine trade credit references. If General Business or Guarantor list banking, financing references.

- 1. Name _____ Address _____
City _____ State/Country _____ Zip/Postal Code _____ Phone _____ Fax Number _____
2. Name _____ Address _____
City _____ State/Country _____ Zip/Postal Code _____ Phone _____ Fax Number _____
3. Name _____ Address _____

If Corporation or Limited Liability Company (L.L.C.), state the full corporate name or company name: _____

Place of Incorporation _____ Name and Address of Resident Agent _____

If Partnership, state whether it is registered with any state: Yes No. If yes, where registered? _____. State the names and addresses of General Partners:

Name _____ Address _____
Name _____ Address _____

GUARANTY: The undersigned Guarantor agrees to be responsible to Lewis Marine Supply for payments of all amounts that may be owed to Lewis Marine Supply by _____ and/or its/his/her assigns and/or successors (heirs). THIS IS A GENERAL GUARANTY WHICH IS ENFORCEABLE BY LEWIS MARINE SUPPLY, ITS SUCCESSORS AND ASSIGNS. THIS IS ALSO A CONTINUING, ABSOLUTE AND UNCONDITIONAL GUARANTY that continues to apply even if _____ sells, assigns or transfers its business to a third party. Lewis Marine Supply will grant a release of this guaranty at anytime on written request and the payment in full of the account balance.

Guarantor's Signature _____ Printed Name of Guarantor _____ Address of Guarantor _____

Tax I.D./Social Security Number _____ Phone Number _____ Fax Number _____ E-Mail Address _____

