

**Trade Account Application Form**

Business Name

Type of Business

Mailing Address

Federal ID No.

City State Zip

Tax Certificate No.

Shipping Address

Years in Business

City State Zip

 Individual  Partnership  Corporation

Business Telephone Business Fax

Names of Owners/Officers

E-mail Address

Principal Buyer

Bank

Bank Officer

Bank Address

Bank Phone

**Trade References** *(Please list a minimum of three)*

Name

Name

Address

Address

Phone Contact

Phone Contact

Name

Name

Address

Address

Phone Contact

Phone Contact

The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Sailing Services, Inc., to investigate the references listed pertaining to my credit and financial responsibility. Applicant's signature attests financial responsibility, ability, and willingness to pay, and guarantees payment of our invoices according to our established terms of business.

Applicant's Signature

Applicant's Title

Printed Name

Date