

WMJ MARINE - CREDIT APPLICATION

Business Background	
Name:	How many years in business?
Street Address:	Federal Tax ID#:
City, State, Zip code:	Ownership: ___ Sole Owner ___ Partnership ___ Corporation
Country:	Principal Name:
Phone:	Buy's Name:
Fax:	Accounts Payables:
E-mail:	

Trade References

#1 Reference

Company Name Address: Phone: Fax: Account #:
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#2 Reference

Company Name

Address:

Phone:

Fax:

Account #:

#3 Reference

Company Name

Address:

Phone:

Fax:

Account #:

Bank Reference

Bank Name

Address:

Checking Saving

Phone:

Fax:

Account #:

**Has the firm or any of its Principals
ever filed bankruptcy?**

Yes No

I hereby authorize my bank _____ to release any information needed on account #
_____ to WMJ Marine.

_____ **Signature** _____ **Date**

_____ **Print Name**

_____ **Signature** _____ **Date**

_____ **Print Name**

PLEASE COMPLETE THIS FORM AND FAX THIS APPLICATION TO 501 631 4759

ATTN: CREDIT APPLICATION

WMJ MARINE