



The Rigging & Sailboat Hardware Specialists!

80 N.W. 73rd Street • Miami, FL 33150
 305-758-1074 • Sales@SailingServices.com
 www.SailingServices.com

Trade Account Application Form

Business Information		
Business Name		
Primary Contact		
Mailing Address		
City	State	Zip
Shipping Address		
City	State	Zip
Business Telephone	Business Fax	
E-Mail Address		
Website Address		

Type of Business		
Please check the box that best describes your type of business:		
<input type="checkbox"/> Rigger	<input type="checkbox"/> Retailer	<input type="checkbox"/> Distributor
<input type="checkbox"/> Sailmaker	<input type="checkbox"/> Club / Assoc.	<input type="checkbox"/> Broker
<input type="checkbox"/> Marina / Boatyard	<input type="checkbox"/> Sailing School	<input type="checkbox"/> Charter Boat
<input type="checkbox"/> Canvas Maker	<input type="checkbox"/> Government Agency	<input type="checkbox"/> Mfg / Builder
<input type="checkbox"/> Gen. Maintenance	<input type="checkbox"/> Marine Surveyor	<input type="checkbox"/> Spar Builder
<input type="checkbox"/> Designer / Architect	<input type="checkbox"/> Architectural Contr.	<input type="checkbox"/> Racing Yacht
Business Description		
Inception Date	Federal I.D. No.	

Business Ownership		
Please check one		
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC	
Please list principal owner(s) or stockholder(s). Please list home address for partners or individuals.		
Name	Name	
Mailing Address	Mailing Address	
City	State	Zip
Shipping Address	Shipping Address	
City	State	Zip
Telephone	Fax	
E-Mail Address	E-Mail Address	

* State of Florida Customers: Please fax or attach copy of Florida Annual Resale Certificate
 * Non-Florida Customers: Please fax or attach copy of occupational license or equivalent.

Trade References

Please list the complete names and addresses of at least three marine distributors with whom you do business. If you seek an open account, please list companies, other than banks and credit cards, which currently extend you terms.

Company Name _____	Contact _____	Company Name _____	Contact _____
Address _____		Address _____	
Telephone _____	Fax _____	Telephone _____	Fax _____

Company Name _____	Contact _____	Company Name _____	Contact _____
Address _____		Address _____	
Telephone _____	Fax _____	Telephone _____	Fax _____

Contacts

List the names of all employees who are authorized to use or access this account. *Please specify a primary contact and a contact for Accounts Payable.*

Name	Title/Position	Phone / Extension	Email
Primary Contact			
Accounts Payable			

Type of Account Preferred

Net 30 Days Credit Limit Requested \$ _____

Credit Card # _____

Name on Card _____

Billing Address: _____

Billing City, State, Zip: _____

COD

Applicant's Signature

The above information is for the purposes 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 _____

Printed Name _____

Applicant's Title _____

Date _____

Banking Information

* Complete the below only if applying for credit.

Bank Name _____		
Bank Officer _____		
Mailing Address _____		
City _____	State _____	Zip _____
Bank Telephone _____		Bank Fax _____

For office use only

Level A Level B Wholesale

Special _____

Credit Limit: \$ _____

Approved By: _____