

APPLICATION FOR CREDIT  
TIDES MARINE, INC

3251-A SW 13<sup>th</sup> Drive  
Deerfield Beach, FL 33442  
954-420-0949 fx 954-420-5234

FIRM NAME \_\_\_\_\_ PH # \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_ FAX# \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

TYPE OF BUSINESS (description of product sold or service rendered) \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ YEARS ESTABLISHED \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_

**PRINCIPALS (Owner/Officer Title)**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_ SS# \_\_\_\_\_

**BANK REFERENCES:**

BANK NAME \_\_\_\_\_ PH \_\_\_\_\_ FX \_\_\_\_\_

ADDRESS \_\_\_\_\_ ACCT # \_\_\_\_\_ CONTACT \_\_\_\_\_

PERSON TO CONTACT REGARDING PAYMENT \_\_\_\_\_ TITLE \_\_\_\_\_

ARE PO'S REQUIRED? YES \_\_\_ NO \_\_\_ PURCASING MANAGER \_\_\_\_\_

**TRADE REFERENCE (INFORMATION FOR ALL 4 REQUIRED)**

1. COMPANY NAME \_\_\_\_\_ PH # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT/ACCOUNT # \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_ PH # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT/ACCOUNT # \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_ PH # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT/ACCOUNT # \_\_\_\_\_

4. COMPANY NAME \_\_\_\_\_ PH # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_  
CONTACT/ACCOUNT # \_\_\_\_\_

By signing this agreement I/we warrant that all representations made for the purpose of obtaining credit are true and further agree:

1. To authorize release of any credit and banking information necessary for approval of this request.
2. To pay each invoice within the terms and conditions specified on each invoice.
3. To pay any and all attorney's fees and collection costs incurred by Tides Marine, Inc. in the event that collection efforts become necessary.

Applicants name \_\_\_\_\_ Applicants Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_