

Acct.# _____
Office use only

SEACOAST DISTRIBUTORS LLC
APPLICATION FOR TRADE ACCOUNT AND/OR CREDIT

WWW

NAME OF FIRM (BILL TO):			(SHIP TO):		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP
PHONE ()	FAX ()	E-MAIL	WEBSITE URL	DATE BUSINESS EST.	

HEREBY applies for credit in accordance with the terms and conditions of:
SEACOAST DISTRIBUTORS LLC.

TO: 684 North Queens Avenue
Lindenhurst, NY 11757
(631) 884-1013 FAX (631) 884-0985

The following information must be provided. It will be held in strictest confidence. Check all applicable boxes:

OWNERSHIP: Corporation Incorporated within the last 12 months? Tax I.D.# _____
 Partnership Individual Type of Business: _____
 Products of Interest: _____

NAME(S) OF PRINCIPAL(S)	HOME ADDRESS	ZIP	HOME PHONE
1.			
2.			
3.			

Approved Buyer's Name: _____ Check here if you wish to be setup on a Back Order Basis
 Accounts Payable Contact Name: _____ Check here if a Purchase Order is required?

FINANCE	BANK	BANK OFFICER NAME		
	BANK ADDRESS	PHONE		
REFER-ENCES: List at least Three (3) (preferably Marine trade suppliers)	BUSINESS NAME	COMPLETE ADDRESS	ZIP	PHONE
	1.			
	2.			
	3.			
	4.			

Credit limit desired _____ Check here if COD Terms are acceptable pending approval
 Check here if COD Terms are preferred. Check here if Credit Card Payment is preferred.

We certify that all information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of the extension of credit. We agree to pay a service charge of 1-1/2% per month (18% per annum) for all delinquent balances on our account.

(Signed) _____
(Date) _____ (Title) _____

PLEASE DO NOT WRITE IN THIS SPACE (OFFICE USE ONLY)	
Credit Approved/Denied by _____	Industry Class X XX
Credit Limit Approved \$ _____	____ Send Approval Letter
Date _____	____ Sales Rep ____ Region ____ Mgr.
	____ LOC BET # _____ AND #

Seacoast Distributors LLC

684 North Queens Avenue, Lindenhurst, NY 11757
(631) 884-1013 * FAX (631) 884-0985

UNCONDITIONAL PERSONAL GUARANTEE

Date: _____

To: Seacoast Distributors LLC
684 North Queens Avenue
Lindenhurst, NY 11757

I, (we) _____, residing at _____
_____ for and in consideration of your

extending financial credit and other good and valuable consideration at my
request to _____ (hereinafter referred
(Name and Address of Business Applicant)

to as the "Company") of which I am _____, hereby
(Title)

personally, absolutely and unconditionally guarantee to you and your successors or assigns, prompt payment when due of any existing or future indebtedness, liability or obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same, together with all interest, costs, fees and charges on it. It is understood and agreed that this guarantee shall be a continuing and irrevocable guarantee and surety for such indebtedness of the Company. I do hereby waive presentment, protest, notice, demand, or action on Company's delinquency. I do hereby consent to any modification or renewal of the indebtedness hereby guaranteed. I agree that you are not bound to exhaust your recourse against Company or other persons, before being entitled to demand and receive payment from me of the amount guaranteed. It is understood that the guarantee and every part of it shall extend to and be obligatory on my heirs, executors, administrators, successors and assigns. It is further understood and agreed that this guarantee shall be construed in accordance with, and shall be governed by, the laws of the State of New York, and that venue for the interpretation and/or enforcement thereof shall be in Suffolk County, New York.

It is understood that title to goods sold on credit shall remain in Sellers name until payment of the purchase price is paid in full by buyer.

Signature _____ Date _____

Signature _____ Date _____

Witness: _____ Address _____

Witness: _____ Address _____