



INSTRUCTIONS: This form must be completed in its entirety. Incomplete applications will be rejected.

DEALER APPLICATION
 COD Only - We do not offer open accounts.

Applicant Information

Full Legal Name:		Title:
Address:		
City:	State	Zip Code
Phone:	Fax:	E-mail:
SSN#	Drivers License #:	State Issued:

Business Information

Legal Business Name:		Year Started:
Address:		
City:	State	Zip Code
Phone:	Fax:	Website:
Fed. Tax ID#	CA Resale #:	No. Of Employees:
Description Of Business:		

Trade References

NAME	PHONE	ACCOUNT NO.	OPEN OR COD

BANK NAME	ACCOUNT NO.	PHONE NO.

I certify that all statements and information in this application are true and correct. I authorize any credit investigation needed for verification. I hereby agree to the seller's terms and conditions of sale as documented by the seller and agree to make all payments as due. I further agree to pay any and all collection costs and/or attorney's fees associated with collection of any debts incurred.

Signature _____ Title _____ Date _____

Terms & Conditions: Minimum annual purchase of goods in the amount of \$2500.00 or greater is required to maintain "DEALER STATUS". Failure to meet minimum purchase requirements will result in revocation of Dealer Status.

OFFICE USE ONLY	
ACCOUNT NO.	APPROVAL BY



RESALE CERTIFICATION

Must be filled out completely by resale accounts.

Tax will be charged on all accounts without resale certificate information.

Company Name: _____

I HEREBY CERTIFY that I hold a valid seller's permit No. _____

issued pursuant to the Sales and Use Tax Law; that I am engaged in the business of: _____

_____, that the tangible personal property, **PROVIDED**, however, that in the event of any such property is used for the purpose other than retention, demonstration or display while holding it for sale in the regular course of business, it is understood that I am required by the Sales and Use Tax Law to report and pay for the tax, measured by the purchase price of such property. Description of property to be purchased: **MARINE EQUIPMENT AND SUPPLIES.**

Dated _____ Signature _____

By & Title _____

Address _____ City _____

State _____ Zip Code _____ Phone _____

INSTRUCTIONS: Complete this form in its entirety. *Please also include a copy of your business card, yellow page ad or cancelled check that documents what type of business you are engaged in.* You may fax the form to Hardin Marine Attn: New Accounts at 386-445-1122. The form may also be mailed to:

Hardin Marine
Attn: New Accounts
11 Industry Drive.
Palm Coast, FL 32137

Please allow 5-7 days for verification and processing.