



BUSINESS CASH ACCOUNT

ACCT #: _____
 APPROVED BY: _____
 CODE: _____
 DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: (____) _____ - _____ FAX#: (____) _____ - _____ CELL#: (____) _____ - _____

EMAIL: _____ EMAIL INVOICE? _____ PO REQUIRED? _____

NAME OF PRINCIPAL OWNER: _____

TYPE OF BUSINESS: _____

What is the nature of your business? (Please be specific) _____

If you are a retail outlet, do you shelf stock? _____

If you are an independent contractor, what areas (i.e.: yards) do you work out of? _____

Is your marine business a full-time effort? _____

Will you be paying tax on your purchases? YES NO (additional paperwork required)

Boat name: _____ F/G #: _____

Resale #: _____ Document #: _____

PERSONS AUTHORIZED TO USE THIS ACCOUNT:

(EMPLOYEE'S ONLY)

**** PROTECT YOUR DISCOUNT ****
**** DON'T GIVE IT AWAY ****

SIGNATURE: _____

DATE: _____

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