



LEWIS MARINE SUPPLY of EDENTON, Inc.

1-11-09 NC

MAIL OR FAX TO:

100 Anchors Way Drive • Edenton, NC 27932
Ph: 252-482-1112 • Fax: 252-482-1115
salesnc@lewismarine.com

LMS ONLY
Approved By \_\_\_\_\_ Date \_\_\_\_\_
Acc. No. \_\_\_\_\_
Route \_\_\_\_\_ Geo. Code \_\_\_\_\_

NEW ACCOUNT APPLICATION

ALL APPLICATIONS MUST BE SIGNED AND COMPLETED FULLY TO BE PROCESSED. PLEASE TYPE OR PRINT.

Account Name \_\_\_\_\_ Application Date \_\_\_\_\_

Delivery Address \_\_\_\_\_

Street City County State/Country Zip/Postal Code

Mailing Address \_\_\_\_\_

Street City State/Country Zip/Postal Code

Freight Forwarder (if applicable) \_\_\_\_\_

Street City State/Country Zip/Postal Code

Fax Number \_\_\_\_\_ Phone Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Do you export?  Yes  No

Type of Business (check one):  Marine Trade  Other Than Marine Trade Is a purchase order required?  No  Yes

Type of Business Ownership (check one):  Sole Proprietorship/Individual Ownership  Partnership  Corporation/L.L.C.

Please describe your business activities: \_\_\_\_\_

If you wish to restrict purchasing privileges to specific individuals, please specify authorized purchasers: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Method of Payment (check one):

Cash on Delivery (Credit Cards or Business Checks are acceptable. No Personal Checks.)  Lewis Marine Open Account. If Lewis Marine Open Account is desired, complete the credit portion of this application.

AMERICAN EXPRESS, MASTERCARD, VISA, DISCOVER Do you want Lewis Marine Supply to keep your credit card number on file for automatic payment of your orders?  Yes  No

If Yes, credit card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 or 4-Digit Code: \_\_\_\_\_

Name and Address on Card: \_\_\_\_\_

Applicant acknowledges and agrees that if this application is approved by Lewis Marine Supply (LMS), that the applicant shall abide by the Lewis Marine Supply credit policy, requirements and terms set forth in this application and in the attached LMS policy. Further, it is acknowledged and agreed that LMS reserves the right at any time, in its sole discretion, to modify the account requirements and/or terms, including the right to cancel the account. Past due accounts are subject to interest at the rate of 1.5% per month on the past due amount. Should it become necessary for LMS to enforce its right to payment on the account by legal process, including engaging attorneys who, with or without suit, assist in the collection of the account, then applicant shall be responsible, in addition, to all other sums owed on the account, for all reasonable attorneys' fees and costs sustained by LMS. Sales tax must be collected on any purchases unless a copy of the sales tax certificate is provided.

Signature of Applicant

Print Name of Applicant

(NOT NECESSARY TO COMPLETE THIS PORTION UNLESS LEWIS MARINE OPEN ACCOUNT IS DESIRED)

CREDIT INFORMATION: If a guarantee is required, the credit information requested must be for the Guarantor. Applicant and Guarantor, if applicable, agree to a credit check by a credit bureau of Lewis Marine Supply's choice.

How long in business at this address? Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ (If less than 12 months, give prior addresses for the past 1 year.)

Tax I.D. Number (If Sole Proprietor or Individual Ownership, give social security number; otherwise, give federal tax I.D. number): \_\_\_\_\_

CREDIT REFERENCES: If Marine Trade Business, list marine trade credit references. If General Business or Guarantor list banking, financing references.

1. \_\_\_\_\_

Name

Address

City

State/Country

Zip/Postal Code

Phone

Fax Number

2. \_\_\_\_\_

Name

Address

City

State/Country

Zip/Postal Code

Phone

Fax Number

3. \_\_\_\_\_

Name

Address

If Corporation or Limited Liability Company (L.L.C.), state the full corporate name or company name: \_\_\_\_\_

Place of Incorporation \_\_\_\_\_ Name and Address of Resident Agent \_\_\_\_\_

If Partnership, state whether it is registered with any state:  Yes  No. If yes, where registered? \_\_\_\_\_ State the names and addresses of General Partners:

Name

Address

Name

Address

GUARANTY: The undersigned Guarantor agrees to be responsible to Lewis Marine Supply for payments of all amounts that may be owed to Lewis Marine Supply by \_\_\_\_\_ and/or its/his/her assigns and/or successors (heirs). THIS IS A GENERAL GUARANTY WHICH IS ENFORCEABLE BY LEWIS MARINE SUPPLY, ITS SUCCESSORS AND ASSIGNS. THIS IS ALSO A CONTINUING, ABSOLUTE AND UNCONDITIONAL GUARANTY that continues to apply even if \_\_\_\_\_ sells, assigns or transfers its business to a third party. Lewis Marine Supply will grant a release of this guaranty at anytime on written request and the payment in full of the account balance.

Guarantor's Signature \_\_\_\_\_ Printed Name of Guarantor \_\_\_\_\_ Address of Guarantor \_\_\_\_\_

Tax I.D./Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### CERTIFICATE OF RESALE

(FOR USE ONLY BY REGISTERED RESIDENT AND NONRESIDENT RETAIL AND/OR WHOLESALE MERCHANTS)  
(NOT VALID IF SIGNED BY A CONTRACTOR)  
(INSTRUCTIONS ON REVERSE SIDE)

TO: \_\_\_\_\_  
(Name of Vendor)

\_\_\_\_\_  
(Street Location) (City) (State) (Zip Code)

I (We), the undersigned, do hereby certify that the tangible personal property which I (we) purchase from you is, or will be, purchased as for resale except that if I (we) purchase tangible personal property of the type that is used or will be used by me (us), you are directed to charge the retail tax thereon. I (We), by executing this certificate, assume liability for sales and use tax due on all said tangible personal property purchased as for resale and agree, when same is sold at retail or is withdrawn from stock and used or consumed by me (us), to remit such tax to the North Carolina Department of Revenue, Sales and Use Tax Division, Raleigh, N. C., or other taxing jurisdiction as required by statute. This certificate is not to be used to obtain tangible personal property which is for use except as provided in Instruction 4 on the reverse side of this form. It is to remain in full force and effect until I (we) revoke same in writing.

\_\_\_\_\_  
(Type of Business Operated by Purchaser) (Type of Merchandise Sold)

\_\_\_\_\_  
(Trade Name) (Name of Owner)

\_\_\_\_\_  
(Street Location) (City) (State) (Zip Code)

\_\_\_\_\_  
(North Carolina Sales and Use Tax Registration Number)

\_\_\_\_\_  
(If a Nonresident Merchant as Defined in Instruction 1, Enter Out-of-State Registration Number)

BY: \_\_\_\_\_  
(Owner, Partner, or Authorized Corporate Official) (Title) (Date)

Any person who willfully attempts, or any person who aids or abets any person to attempt in any manner to evade or defeat any tax imposed by the statute, or the payment thereof, shall, in addition to other penalties provided by law, be guilty of a Class I felony punishable by imprisonment up to five years, a fine up to twenty-five thousand dollars (\$25,000), or both. If there is a deficiency or delinquency in payment of any tax due to fraud with intent to evade the tax, there shall be assessed, as a penalty, an additional tax equal to 50% of the total deficiency.

For each misuse of a certificate of resale by a purchaser, the Secretary shall assess against the purchaser an additional tax, as a penalty, of two hundred fifty dollars (\$250.00). See Instruction 5 on the reverse side of this form.

This certificate is to be signed by the owner of the business or a partner in the case of a partnership or, if a corporation, by an authorized official of the corporation.