



Application for Credit

Company Information

Company Name:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Years Established :

Credit Limit Requested:

Ownership

Owner or Principle's Name:

Home Address:

City:

State:

Zip Code:

Home Phone Number:

Marine Trade References (minimum of three) *Please fill out information completely.*

Firm Name #1:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Years Associated:

Firm Name #2:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Years Associated:

Firm Name #3:

Address:

City:

State:

Zip Code:

Phone Number:

Fax Number:

Years Associated:

Bank Information

Bank Name:

Name of Officer:

Address:

City:

State:

Zip Code:



Credit Application Terms

In consideration of selling goods and/or services, the buyer hereby agrees to the following terms and conditions:

1. Pay in full within our terms. Net 10th of the month following the invoice date.
2. In the event payment in full is not made in accordance with Item #1 above, a service charge will be added to the previous balance after deducting all credits and payments. The charge will be the rate of 1½% per month, equal to an annual rate of 18% on the past due account.
3. That McDurmon Distributing, Inc., reserves a security in all parts and equipment furnished by them on account.
4. That any officer of a corporation executing this agreement shall be personally responsible for payment of the account and the officer warrants that all financial information is accurate.
5. If failure to pay according to terms of this agreement causes this account to be assigned for collection, or should an action of law be instituted to collect, the buyer agrees to pay responsible attorney's fees and court costs. You are authorized to investigate our credit record and to report our performance to proper persons and credit agencies.

The undersigned certifies that the information given in this application is true and correct to the best of their knowledge. The undersigned understands that there will be a \$15.00 charge for any NSF checks. The undersigned understands that any past due is charged a 1.5% finance charge per month until the account is paid in full, and that if the account goes 60 days past due, a permanent COD status is reinstated.

Company Name: _____

By: _____
(Signature of responsible company officer and title)

(Printed or typed name of officer)

Date: _____