

CREDIT APPLICATION FORM



Applications will not be reviewed unless they are signed by the owner, partner, or corporate officer. Fax to (888) 553-4841 or send to sales@oceanlineage.com

CUSTOMER #: _____ (Assigned by Ocean Lineage)

STATE RESALE # _____

LEGAL COMPANY _____

(Please attach copy of resale certificate)

BILLING ADDRESS _____ TELEPHONE (_____) _____

CITY/STATE/ZIP _____ FAX (_____) _____

YEAR BUSINESS ESTABLISHED _____ PROPRIETORSHIP PARTNERSHIP CORPORATION

SUBMIT ALL OF THE FOLLOWING WITH YOUR APPLICATION:

- The three most recent months of checking and savings bank statements for the business.
- Copy of Drivers License for all guarantors on the Credit Application.
- Complete credit application filled in.

PRINCIPALS OR OWNERS:

1) NAME _____ TITLE _____ CELL PHONE (_____) _____

HOME ADDRESS _____ DATE OF BIRTH: _____ SSN (ID NUMBER): _____

CITY/STATE/ZIP _____ EMAIL: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

2) NAME _____ TITLE _____ CELL PHONE (_____) _____

HOME ADDRESS _____ DATE OF BIRTH: _____ SSN (ID NUMBER): _____

CITY/STATE/ZIP _____ EMAIL: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

3) NAME _____ TITLE _____ CELL PHONE (_____) _____

HOME ADDRESS _____ DATE OF BIRTH: _____ SSN (ID NUMBER): _____

CITY/STATE/ZIP _____ EMAIL: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

Other Business Owned / Employed by: (Check all that apply) Owned Employed by

NAME OF BUSINESS: _____ PERCENT OWNERSHIP: _____ BUSINESS PHONE: _____

BUSINESS ADDRESS: _____ ANNUAL SALARY: _____

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BANK NAME _____	BANK PHONE NUMBER () _____
CHECKING ACC.# _____ SAVINGS ACCT #: _____	ROUTING NUMBER: _____
BANK ADDRESS _____	BANK CONTACT: _____
CITY/STATE/ZIP _____	

TRADE REFERENCES: Please list three firms with whom you do business, and have established terms.

NAME _____	PHONE # (_____) _____	OPEN <input type="checkbox"/>	TERMS <input type="checkbox"/>	
CONTACT NAME _____	EMAIL _____	PHONE _____		
NAME _____	PHONE # (_____) _____	OPEN <input type="checkbox"/>	TERMS <input type="checkbox"/>	
CONTACT NAME _____	EMAIL _____	PHONE _____		
NAME _____	PHONE # (_____) _____	OPEN <input type="checkbox"/>	TERMS <input type="checkbox"/>	
CONTACT NAME _____	EMAIL _____	PHONE _____		

STANDARD TERMS AND CONDITIONS OF SALE APPEAR IN THE DEALER AGREEMENT. It is agreed that sales of products by Ocean Lineage, Inc. will be based on these terms and conditions. From the above information, please establish an OPEN account with Ocean Lineage, Inc. I understand that all account balances are payable in Reno, State of Nevada. I also understand that interest and penalties will be charged on past due balances per the Dealer Agreement. All payments and monies due will be paid in US Dollars or Canadian Dollars for authorized accounts and any fees for cost of exchange rates or bank service fees are the responsibility of the dealer.

Please read and sign below: By your signature below, you certify that you have completed this application to obtain credit, and that all information provided by you for this application is true, correct and complete. You understand and agree that this application and related credit information will be forwarded to a credit agency for the purpose of establishing credit. You authorize Ocean Lineage to make inquiries and obtain information about you as Ocean Lineage deem appropriate for the purpose of evaluating this application, and for any update, renewal, or extension of the credit received, including obtaining credit reports, contacting your credit references and/or your employer. You authorize Ocean Lineage to give a copy of this application to anyone who has agreed to pay debts incurred on the basis of this application. If you provided your email address on this application, you agree that any communications and correspondence you from any of the parties to this transaction may be effected by email. You agree that if an account is created for you, all of the following will also apply: (a) Ocean Lineage may monitor and record telephone calls regarding your account to assure the quality of Ocean Lineage service or for other reasons; (b) you expressly consent to Ocean Lineage actions using the telephone number(s) that you provide Ocean Lineage in this credit application, you provide to Ocean Lineage in the future, or it obtains from another source, even if the number is for mobile telephone and/or Ocean Lineage using the number results in charges to you.

Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Owner: _____ Print Name: _____
Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Owner: _____ Print Name: _____
Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Owner: _____ Print Name: _____

GUARANTY: The undersigned Guarantor (s) in order to induce Ocean Lineage, Inc. to extend credit to applicant herein, does hereby unconditionally personally guarantee all sums which may be owed by applicant to Ocean Lineage, Inc. whether said indebtedness is due now or hereafter incurred and whether the indebtedness arises from open account, or otherwise. This Guaranty is continuing, and shall continue to apply to all indebtedness which applicant may hereafter incur, renew, or extend in whole or in part, with Ocean Lineage, Inc. all without notice to undersigned Guarantor(s). The undersigned Guarantor(s) waives notice of acceptance of the Guaranty. The undersigned Guarantor(s) promise to pay the indebtedness and obligations incurred hereunder at Reno,, Washoe County, Nevada. A counterpart of this Guaranty delivered by facsimile transmission shall be deemed an original document and be valid for all purposes.

Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Guarantor: _____ Print Name: _____
Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Guarantor: _____ Print Name: _____
Signed this _____ day of _____, 20____ (Day) (Month) (Year)	Guarantor: _____