

Merrick Tackle Center Inc.

NEW ACCOUNT FORM & CREDIT APPLICATION

For U.S.A. Accounts Only

This application must be filled out completely in order to open an account.

PART I

Please complete the following and return by mail or fax.

Date: _____

Credit applications are not processed until an order is placed.

You may submit your order with this application to open your account.

Please check one:

1. Applicant is a: [] corporation [] partnership [] sole proprietorship

a. If a corporation, it is incorporated in the State of _____

b. If a corporation, the name of the President is _____

c. If a partnership or sole proprietorship the owner(s) must complete the following:

Table with 3 columns: Name(s), Home Address, Social Security Number

2. Applicant operates under the trade name(s) of: _____

3. The firm operates at the following location(s): Address Phone Number Cell Number Fax Number

4. Mailing address if different from shipping address: _____

Email: _____

Website: _____ What percentage of your business is internet? _____% mail order? _____%

5. The main office is located at: _____

6. Date the firm began business: _____

7. Business bank name and location:

Name of your Bank: _____ Account # _____

Address _____ City _____ State _____

Person to Contact: _____ Phone: _____

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8. Individuals who have authority to sign checks and or place orders:

How do you wish to pay for your orders? Please check the appropriate box(es):

- Charge Card Cash C.O.D. (cashiers check or money order only)
- C.O.D. with company or personal check Open terms

If you are applying for C.O.D. check or open terms you must fill out PART II of this application. In the case of a partnership or sole proprietorship a social security number must be listed above in PART I. If you are paying with a charge card, please fill out PART III on this application.

Terms

In consideration of Merrick Tackle Center, Inc. extending credit to the Applicant, the Applicant agrees to pay for all items delivered or services rendered to or, at the request of, the Applicant, in accordance with the terms of each invoice. Applicant agrees that each of the terms and conditions of sale stated on the invoices shall be a term of the contract of each sale from Merrick Tackle to the Applicant.

Applicant acknowledges that a monthly service charge of the highest amount legally allowed in the state shall be made on all sums due Merrick Tackle which have not been paid within the terms as stated on the invoice, and Applicant agrees to promptly pay said service charge. An additional service charge, computed on the same basis, will be due and payable every thirty (30) days thereafter. Waiver of any one or more service charges shall not be deemed a waiver of future service charges.

Applicant further agrees that with the regards to such service charges, Applicant and Merrick Tackle are parties to a written commercial contract. Should it become necessary to place the account with a collection agency or attorney, the Applicant agrees to pay all collection costs and attorney fees in addition to al other sums due. Applicant authorizes Merrick Tackle Center, Inc. to obtain credit and financial information concerning the Applicant at any time and from any source. The undersigned warrants that the above agreement has been carefully read and that Applicant understands completely. Applicant also warrants that all information provided is true and correct.

Print Name of Applicant Title

Signature of Applicant Date

Personal Guarantee

Many privately held companies/corporations may want to exercise the opportunity for additional credit considerations by authorizing a personal guarantee. In consideration of the extension of credit by the Seller herein to Buyer herein, the undersigned does jointly and severally personally guaranty to pay and be responsible for payment of all sums, balances and accounts due Seller by Buyer, for goods shipped against orders, including collection charges and/or attorneys' fees.

This shall be an open and continuing guaranty and shall continue in force notwithstanding any change in the form of such indebtedness or renewals or extensions granted by Seller without obtaining any consent thereto, and until expressly revoked by written notice from me/us to Seller. Any such revocation shall not in any manner affect my/our liability as to any indebtedness existing prior thereto. I/we do hereby waive notice of the acceptance of this agreement, notice of default or non payment and waive action required by any statute, against the Buyer. No delay on Seller's part in exercising any right hereunder, or take any action to collect or enforce payment of any obligation hereby guarantee, either as against the Buyer or any other person primarily or secondarily liable with the Buyer, shall operate as a waiver of any such right or in any manner prejudice Seller's right against me/us. I/we agree that in the event of any default at any time by said Buyer, Seller shall be entitled to look to me/us immediately for full payment without prior demand or notice.

Print Name _____

Signed _____

PART II

Please complete the following if you would like to pay C.O.D. (company or personal check) or open terms.

The following three **business creditors** currently grant your company the highest line of credit or accept C.O.D. checks. Please, no banks, credit unions, friends, family, utility companies or charge card companies.

Company:

Company:

Company:

Phone Number:

Phone Number:

Phone Number:

Fax Number (important):

Fax Number (important):

Fax Number (important):

Estimated current worth of the firm: _____. I/We warrant that the firm is solvent. I/We warrant that no owner (if a partnership or proprietorship) and no officer (if a corporation) has been the subject of a personal bankruptcy in the last ten years and that the firm is not currently in any bankruptcy. It is agreed that a service charge of 1 1/2% per month may be charged on all delinquencies or the highest rate permitted by prevailing state law, whichever is lower.

Permission is hereby granted to discuss our account with the creditors listed above. It is understood that company policy of the supplier requires that an update of this application will be provided upon request every 12 months by the applicant firm.

(Name of Applicant Firm)

(Signature of authorized agent)

(Title)

(Date)

I warrant that the foregoing information is true and correct and realize it will be relied upon in the granting of future credit.

_____, Individually
(Signature)

PART III

CHARGE CARD PAYMENTS:

Please see policy pages concerning discounts. Signature of card holder is held on file as authorization.

Check one: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Charge Card No: _____ Expiration date: _____ CID# _____

Issuing Bank _____

Name as shown on card (please print) _____

Signature of card holder: _____

Signature gives Merrick Tackle authorization to charge my current card for any invoices not paid within account terms.

Billing Address: _____

Please notify us in writing if you ever wish to change any of the above.

Merrick Tackle Center, Inc.
SIMPLIFIED ACCOUNT FORM
(For Credit Card or Cash COD Only)

Part I

Please complete the following and return by mail, fax or email. You may submit your order along with this application.

Date: _____

Applicant Name: _____ **Title:** _____

Business Name: _____

Billing Address: _____

Shipping Address: _____

Email: _____ **Website:** _____

Phone: _____ **Cell:** _____

Fax: _____

Check one: I wish to pay by Credit Card. (Please fill out part II)

I wish to pay by Cash COD

Part II
Charge Card

Signature of card holder is held on file as authorization.

Check one: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card No: _____ **Exp. Date:** _____ **CID#** _____

Name as shown on card (Please print): _____

Signature of card holder: _____

Signature gives Merrick Tackle authorization to charge my current card for any invoices not paid within account terms.

Billing Address: _____

MERRICK TACKLE CENTER, INC.

7349 ROUTE 28 * SHANDAKEN, NY 12480-9521 U.S.A.
1-845-688-2216 Fax 1-845-688-2329



INTERNATIONAL ACCOUNT INFORMATION SHEET

Please see our Policy Pages for overseas ordering.

☛ IF YOUR BUSINESS IS LOCATED WITHIN THE 50 STATES of the U.S.A. , DO NOT FILL OUT THIS FORM.

PLEASE PRINT CLEARLY

DATE: _____ NAME: _____

BUSINESS NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

COUNTRY/TERRITORY: _____ POSTAL CODE: _____

PHONE COUNTRY CODE: _____ PHONE NUMBER: _____

FAX #: _____ E-MAIL: _____

The best way to place an order is via fax.

PLEASE INCLUDE ANY SPECIAL SHIPPING & DELIVERY INSTRUCTIONS:

METHOD OF PREFERRED PAYMENT: please check one.

- BANK TRANSFER.
- MONEY ORDER OR BANK CHECK WILL BE MAILED DIRECT.
- CHARGE CARD (orders under 500 and/or freight)

PLEASE BILL JUST MY FREIGHT COSTS TO THE FOLLOWING:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ EXP. DATE: _____ CID # _____

PRINT NAME ON CARD: _____

SIGNATURE OF CARDHOLDER: _____

BILLING ADDRESS: _____