



dba. **NORTHEAST MARINE POWER**  
dba. HYANNIS MARINE HYANNIS MARINA INC.

1 Willow Street, Hyannis, MA 02601 Tel. (800) 543-6372 (508) 771-6557 Fax (800) 944-4474

**CREDIT APPLICATION**

**INSTRUCTIONS:** Please complete all entries. Our principals require personal guarantee signatures on all open accounts. Copies may be faxed to expedite your credit review, although **the original form must be received by Northeast Marine Power.**

Company Name: \_\_\_\_\_ Tel. \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PRINCIPLALS, OFFICERS, PARTNERS**

Business Type: (Circle One) Corporation Sole Proprietor Partnership  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Title: \_\_\_\_\_

**TRADE REFERENCES (Three Required)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel.:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel.:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel.:(\_\_\_\_) \_\_\_\_\_ Fax:(\_\_\_\_) \_\_\_\_\_

**BANK REFERENCE**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Account \_\_\_\_\_

**AUTHORIZATION:** I, (We) authorize the above listed trade and bank references to release upon verbal or written request, by Northeast Marine Power/ Hyannis Marina Inc., such information requested relative to open accounts, notes, mortgages and average deposit balances pertinent to granting of credit by this application.

**AGREEMENT:** I, (We) agree to pay Northeast Marine Power/ Hyannis Marina Inc., in addition to the amounts due for materials and services rendered, an overdue assessment charge not to exceed 1.5% per month of any balance remaining unpaid from the preceding monthly billing period. I, (We) further agree, in the event any balance, past due or contested, is placed in the hands of an attorney for collection, to guarantee payment of reasonable attorney's fees and costs incurred by Northeast Marine Power/ Hyannis Marina Inc., or its attorneys, in the collection of such balance, provided Northeast Marine Power/ Hyannis Marina Inc., prevails. All invoices are due on the 10th day of the month in which they were incurred. Any account not paid on or before the 10th of the month is considered past due. Any unpaid account on the 20th of the month will be put on a C.O.D. basis. Any payment received on a past due account will be applied first to any outstanding invoices and finance charges. A \$25.00 service fee will be charged for any NSF checks returned from the bank.

**RETURN POLICY:** Mercury Marine return policy applies. An invoice copy must accompany any returned merchandise. Returned items are subject to a restock fee. All returned goods must be sent prepaid.

Signed \_\_\_\_\_ Title \_\_\_\_\_

**PERSONAL GUARANTEE:** The undersigned individually and personally, jointly and severally, in order to induce Northeast Marine Power/ Hyannis Marina Inc., to extend credit to the above named applicant(s) agrees to guarantee to pay on demand any sum due Northeast Marine Power/ Hyannis Marina Inc., by the above named applicant. Northeast Marine Power/ Hyannis Marina Inc. reserves the right to proceed directly against the undersigned guarantor without having to proceed first against the above named applicant(s) or to liquidate any security given by said applicant(s). No termination of this agreement shall be effective except that sent to Northeast Marine Power/ Hyannis Marina Inc. by registered mail naming an effective date after the receipt of said notice. Such termination shall not effect the liability of the undersigned with respect to any credit extended to the above named prior to termination. **PERSONAL GUARANTOR MUST BE OWNER/SOLE PROPRIETOR, GENERAL PARTNER, OR CORPORATE OFFICER.**

Personal Guarantee Signed \_\_\_\_\_ Personal Guarantee Printed \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Witness Signed \_\_\_\_\_ Witness Printed \_\_\_\_\_