

CREDIT APPLICATION
MARITIME INTERNATIONAL, INC.
New Bedford, MA ~ Hartford, CT ~ Newark, DE

TEL: 508-996-8500

FAX: 508-991-3431

BUSINESS NAME & MAILING ADDRESS

NAME OF OWNERS/OFFICERS

PHONE: _____ FAX: _____
EMAIL: _____

OWNERSHIP: CORPORATION PARTNERSHIP PROPRIETORSHIP DATE STARTED _____

BANK REFERENCES - BANK NAME & ADDRESS

ACCOUNT #: _____

BANK CONTACT: _____
PHONE: _____
FAX: _____

MAJOR SUPPLIERS/TRADE REFERENCES

NAME/CITY

CONTACT / PHONE / FAX

REAL ESTATE

OWNERSHIP _____

MORTGAGES _____

TITLE IN THE NAME OF: _____

CREDIT LINE REQUESTED: \$ _____

ESTIMATED ANNUAL PURCHASES: \$ _____

Personal Guaranty

In consideration of the granting of credit by Maritime International Inc., the undersigned acknowledges and agrees that he or she is personally and individually liable for all debts owed by the business named above to Maritime International, Inc. The undersigned further agrees that he or she shall be jointly liable with the business named above for payment of any said debts and agrees to pay 1.5% interest per month on all balances owed for more than 30 days, as well as any costs of collection, including where applicable attorney's fees and court costs.

SIGNATURE _____

TITLE _____

PRINT NAME _____

DATE _____

By signing this credit application you also agree to our warehouse terms and conditions.