



AURORA MARINE INDUSTRIES INC.

References for Open Account Request:

Complete information will speed up processing your account. Do NOT use 800 or 888 numbers please.

1) Company Name: _____ Address: _____
Phone: _____ Fax: _____

2) Company Name: _____ Address: _____
Phone: _____ Fax: _____

3) Company Name: _____ Address: _____
Phone: _____ Fax: _____

Bank Name: _____ Address: _____
Phone: _____ Fax: _____

AGREEMENT WITH AURORA MARINE INDUSTRIES INC.

In consideration of AURORA MARINE INDUSTRIES INC. allowing us to purchase goods and services, we agree to the following:

- 1) We will pay invoices from you per terms and conditions on the invoice.
- 2) We will pay a monthly service charge on all overdue accounts.
- 3) Payments will apply first to service charges and then to the balance.
- 4) Ownership of any goods sold on credit shall remain with AURORA MARINE until paid in full.
- 5) We consent to your making a credit investigation and/or obtaining credit reports.

Applicant Signature: _____ Guarantee Signature: _____

Name (PRINTED): _____ Name (PRINTED): _____

Title: _____ Title: _____

Person responsible for payment (This constitutes a guarantee by the person signing to pay for any unpaid balance on this account)

***Application will not be processed unless both Applicant Signature and Guarantee Signature appear above.**

(FOR OFFICE USE ONLY)

Date Processed: _____ Credit Limit: _____

Type(s) of Account: _____ Sales Representative: _____

Managers Approval: _____ Rejected by: _____