



HAWK TOOLS LLC

NEW DEALER APPLICATION FORM

Date: _____

Trade Name: _____

Phone: _____

Corporate Name: _____

Fax: _____

Mailing Address: _____

Email: _____

Shipping Address: _____

Web: _____

City: _____ State/Province: _____ Zip/Postal: _____

Shipping Instructions: _____

Is a Purchase Order Requested? Yes No

Type of Business: Marine: Dryland Marina: Chandlery: Other: _____

Business premises: Owned Rented Expiry Date of Lease: _____

Please check one of the following:

A. IF A CORPORATION: President's Name: _____

B. IF A SOLE PROPRIETORSHIP: Principal's Name: _____

C. IF PARTNERSHIP: 1) Partner's Name: _____

2) Partner's Name: _____

Name of Financial Person: _____

Length of time in Business under this name: Since: _____ Years: _____ Months: _____

Federal ID or PST#: _____ State Tax or GST#: _____

Type of Account Requested (more than one ok):

1. Open Account: Credit Amount Requested: _____

2. Visa: (optional) Number: _____ Exp: _____ CVC: _____

3. MasterCard: (optional) Number: _____ Exp: _____ CVC: _____

**It is the policy of this company to sell only to marine dealers, boat yards, boat builders,
or other marine oriented business**



HAWK TOOLS LLC

References for Open Account Request: (Not required for credit card terms)

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 HAWK TOOLS LLC

In consideration of Hawk Tools LLC. 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 balances.
- 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.

Digital Signature

By signing this document, I confirm that I am authorized to sign on behalf of and bind the company to these terms and conditions.

Instructions: Type your name on the Signature line and Digital Signature Box. Type your title on the Title line. To verify your identity, answer the two Verification Questions.

Applicant's Name: _____

Guarantor's Name: _____

Digital Signature:

Digital Signature:

Title: _____

Title: _____

VERIFICATION

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1. What is the first letter of your Mother's Maiden Name []
2. What is the Month of Your Birthday []

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2. What is the Month of Your Birthday []

Guarantor: The person responsible for payment (This constitutes a guarantee by the person signing to pay for any unpaid balances on this account.)

(FOR OFFICE USE ONLY)

Date processed: _____

Credit Limit: _____

Type(s) of Account: _____

Sales Representative: _____

Manager's Approval: _____

Rejected by: _____

Hawk Tools LLC

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www.hawktoolsusa.com