



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: Retail: Online: Distribution: 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 Hawk Tools 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