

Sea Side Aquatics Wholesale Account Application

Your name: _____ Position: _____

Company name: _____

Phone: _____ Fax: _____ E-mail: _____

Company address: _____

City: _____ State: _____ ZIP Code: _____

Date business commenced: _____

State Tax #: _____ Federal EIN: _____

BUSINESS/TRADE REFERENCES

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact name: _____ Type of account: _____

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact name: _____ Type of account: _____

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ Fax: _____ E-mail: _____

Contact name: _____ Type of account: _____

AGREEMENT

1. All invoices are to be paid the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize SeaSideAquatics.com to make inquiries into business/trade references that you have supplied.

SIGNATURES

Print Name: _____ Title: _____
Signature: _____ Date: _____