



## NEW ACCOUNT APPLICATION

Please complete this application in full and return with any additional information

### Customer Information

Full Legal Business Name \_\_\_\_\_ Date: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping (if different) Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Are you a:  Corporation  Partnership  Sole Proprietor

Date Business Established: \_\_\_\_\_ Fed ID# \_\_\_\_\_ D&B# \_\_\_\_\_

Type of Business:  Wholesaler  Retailer  E-Commerce

What types of product will you purchase? \_\_\_\_\_

How will you be selling:  In Store  Online Do you adhere to MAP Pricing? \_\_\_\_\_

If in store, how many locations do you have? \_\_\_\_\_

If online, list websites \_\_\_\_\_

Flying Fisherman Sales Representative \_\_\_\_\_

How did you hear about Flying Fisherman? \_\_\_\_\_

Billing Instructions:  Prepaid/CC  Open Account P.O. Required  Y  N

Accounts Payable Contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Flying Fisherman P.O. Box 545 Islamorada, Florida Keys 33036 Phone (800) 335-9347  
Fax (305) 853-0100 Email [info@flyingfisherman.com](mailto:info@flyingfisherman.com) Web [www.flyingfisherman.com](http://www.flyingfisherman.com)

Trade References

Please fill out this page completely if you are applying for an open account. Prepaid/CC accounts do not need to complete this page.

Trade Reference #1

Name \_\_\_\_\_ Contact \_\_\_\_\_ Acct# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Trade Reference #2

Name \_\_\_\_\_ Contact \_\_\_\_\_ Acct# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Trade Reference #3

Name \_\_\_\_\_ Contact \_\_\_\_\_ Acct# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

We hereby certify the above to be correct and authorize Flying Fisherman to contact these references for release of any necessary information.

Individual/Joint Personal Guarantee

I/We(Owner Name) \_\_\_\_\_

Residing at(Owner Address) \_\_\_\_\_

For and in consideration of your extending at our requesting for check acceptance/net terms to \_\_\_\_\_

(Hereinafter referred to as the "company"), hereby personally guarantee to you the payment at Flying Fisherman, my obligation of the company and we hereby agree to bind ourselves to pay to you on demand any sum which may become due to you by the company whenever the company shall fail to pay the same. It shall be understood that this guarantee will be a continuing and irrevocable guarantee and indemnity for such indebtedness of the company. We do hereby waive notice of default, nonpayment and notice thereof and consent to any modification or renewal of the credit agreement hereby guaranteed. It is understood that should my/our company become delinquent in payment, Flying Fisherman will charge and undersigned does hereby agree to pay reasonable attorney's fees, a late charge of 2%, service charge of 1.5% per month, and all other cost and expenses which may be incurred by Flying Fisherman in the enforcement of this guarantee. This guarantee shall bind our executors, administrators and assigns, and shall remain in force and effect unless and until cancelled by notice sent to you by registered mail, in which case it shall then be binding as to any balances still owing and outstanding as of the date of your receipt of such registered notice.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Mobile or Home Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Mobile or Home Phone \_\_\_\_\_