



MERCOTM INC. DBA MERCOTM MARINE  
 60 MERCOTM ROAD  
 WELLSBURG, WV 26070  
 800-396-3726  
 304-737-3008 (Fax)



**CREDIT APPLICATION**

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Ownership: ( ) Individual ( ) Partnership ( ) Corporation (State) \_\_\_\_\_

Tax Status: ( ) Taxable ( ) Non-Taxable \* ( ) Both  
 \* Please return exempt certificate

Type of Business: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Accounting Contact: \_\_\_\_\_

REFERENCE INFORMATION

Bank Reference:  
 Name: \_\_\_\_\_ Business Checking Acct #: \_\_\_\_\_

Address: \_\_\_\_\_

Tele #: \_\_\_\_\_ Officer to Contact: \_\_\_\_\_

Credit References:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Tele #: \_\_\_\_\_ Tele #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/St/Zip: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Tele #: \_\_\_\_\_ Tele #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_



MERCO INC. DBA MERCOTM MARINE  
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**PERSONAL GUARANTEE FORM**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

In consideration of the extension of credit to the above-named business entity, the undersigned principals, jointly and severally, and personally, guarantee payment of all charges, billings and interest costs imposed hereafter in any open account extended to the above-named business entity. In the event that such charges, billings and interest costs are not promptly paid, the undersigned hereby guarantees as primary guarantor (s) the payment of: 1. any balance due on the aforesaid open account; 2. interest at the rate of 18% per annum upon the unpaid balance; 3. reasonable attorneys fees in the event legal action is undertaken for the collection of any sums due on such account.

To be signed by principals of corporation or business entity seeking credit:

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home Address: \_\_\_\_\_ Home

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount of credit requested: \$ \_\_\_\_\_



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**LETTER REQUESTING AUTHORIZATION TO RELEASE CREDIT INFORMATION**

Thank you for your recent interest in establishing credit with our company. Please sign the authorization to release credit information below and complete the enclosed form. Then submit it to us with your most recent financial statements. We will contact your credit bank references, and then contact you regarding credit with our company.

Thank you,

Sheila Barrett  
Credit Manager

The undersigned has recently applied for credit with **Merco Marine**. The undersigned has been requested to provide information concerning my credit history. Therefore, I authorize the investigation of my credit information.

The release by you of information is authorized whether such information is of record or not. I do hereby release you and all person, agencies, agents, employees, firms, companies affiliated with you from any damages resulting from providing such information.

This information is valid for thirty (30) days from the date of my signature below. Please keep a copy of my release request for your files.

Thank you for your cooperation.

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

Title: \_\_\_\_\_