

# WATERSNAKE Motors Inc. Open Account Application

6380 Metro Plantation Rd. Fort Myers Florida 33966 Tel – 239-243-0449

**Name / Address**

Please fax application **866-844-1282**

Accounting Contact Name :	Last:	First:	E Mail	
Name of Business:			Tax I.D. Number	
Address:				
City:	State:	ZIP:	Phone:	Fax

**Company Information**

Type of Business:		In Business Since:		
Legal Form Under Which Business Operates:				
<input type="checkbox"/> Corporation		<input type="checkbox"/> Partnership		<input type="checkbox"/> Proprietorship
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

**Bank References – Open Account Request Customers only**

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Business Loan #
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Trade References – Open Account Request Customers only**

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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

Sales Rep Handling Account for Watersnake Motors \_\_\_\_\_ Agency \_\_\_\_\_

# WATERSNAKE Motors Inc. Credit Card - COD Application

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## Name / Address

Accounting Contact Name : Last: First:	E Mail
Name of Business:	Tax I.D. Number
Address:	
City: State: ZIP: Phone: Fax	

## Company Information

Type of Business:	In Business Since:
Legal Form Under Which Business Operates: Corporation Partnership Proprietorship	
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions: Title:	
Address: City: State: ZIP: Phone:	
Name of Company Principal Responsible for Business Transactions: Title:	
Address: City: State: ZIP: Phone:	

## Credit Card Information

Type Card : Master Card Visa		
Card Number	Expiration Date	Code on Back
Name on Card		
Card Billing Address:	City	State Zip
Phone:		

I do hereby authorize Watersnake Motors inc to charge the card listed above for purchases of products from Watersnake Motors inc.

Authorized Signature \_\_\_\_\_ **Date** \_\_\_\_\_

Sales Rep Handling Account for Watersnake Motors \_\_\_\_\_ Agency \_\_\_\_\_