



### ACCOUNT INFORMATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_

Employer: \_\_\_\_\_  
Years Employed: \_\_\_\_\_  
Position/ Title: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_

Club Affiliation: \_\_\_\_\_  
Member #: \_\_\_\_\_  
Referred by: \_\_\_\_\_

### VESSEL INFORMATION

Vessel Name: \_\_\_\_\_  
Make/ Model: \_\_\_\_\_  
Year \_\_\_\_\_ Length: \_\_\_\_\_  
Principal Use: ☐ Fishing  
☐ Cruising  
☐ Charter  
☐ Commercial

Registration No: State: \_\_\_\_\_  
Federal Doc#: \_\_\_\_\_  
Country: \_\_\_\_\_  
Principal Place Dockage: \_\_\_\_\_

Vessel is owned by: ☐ Individual  
☐ Corporation  
☐ Multiple Owners

List: \_\_\_\_\_  
If multiple owners: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



### COMMERCIAL OR CHARTER ACCOUNT INFORMATION

Name of Business of Charter Boat: \_\_\_\_\_  
\_\_\_\_\_ Open Date: \_\_\_\_\_

DBA or Previous Business Name: \_\_\_\_\_  
\_\_\_\_\_

Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
County: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Annual Sales: \_\_\_\_\_  
Federal ID# ( If applicable): \_\_\_\_\_  
State Sales Tax Cert# ( If applicable): \_\_\_\_\_  
Estimated Monthly Purchase: \$ \_\_\_\_\_  
☐ Copy of Sales Tax Certificate ( Please attach)  
☐ Copy of Business and/or Occupational License (Please attach)  
Please fax to 305.633.1310 or e-mail to info@hopkins-carter.com

Owners: \_\_\_\_\_

Owners: \_\_\_\_\_

Owners: \_\_\_\_\_

Phone #: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zipcode: \_\_\_\_\_



### CREDIT CARD AUTHORIZATION

Card Holder Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

I hereby authorize Hopkins- Carter Marine to charge my  
Credit Card #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_/ \_\_\_\_\_ Security Code: \_\_\_\_\_  
O Visa O M/C O Amex O Discover

Per Transaction Customer Charge Account Limited to  
\$: \_\_\_\_\_  
Customer Monthly Charge Limited to  
\$: \_\_\_\_\_  
Hopkins- Carter Account # (If applicable): \_\_\_\_\_

Signature: \_\_\_\_\_  
O I authorize Hopkins- Carter Marine to deliver the merchandise to  
:  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I authorize the following people to charge to this account  
(limit three)  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
Signature: \_\_\_\_\_

I promise to pay any amount charged to this account by the tenth of the month  
following the month in which the charges were made, plus interest on any part due  
amounts at the rate of 18% per year and any expenses incurred in the collection of  
this account, including but not limited to reasonable attorneys fees and cost. Venue  
for any action shall be a court competent jurisdiction if Miami Dade County.

Signature \_\_\_\_\_  
Print Name: \_\_\_\_\_

Office Use Only\*\*\*\*\*

Sales Person Issuing Application : \_\_\_\_\_  
Store Number: \_\_\_\_\_  
Type: \_\_\_\_\_  
Account#: \_\_\_\_\_  
Approved by: \_\_\_\_\_