



630 Arthur Street
Minneapolis, MN 55413

Date _____

Application for Marine Dealer Status

General Information

Correct, Legal Company Name: _____

Address: _____

City and State: _____ Zip Code: _____

Phone Number (store): _____ (fax): _____

Accessory Buyer(s): _____

Email Address: _____

Website: _____

Type of Organization

Sole Proprietorship: _____ Partnership: _____ Corporation: _____

Name(s) of all owners, partners, or corporate officers:

1. _____ 3. _____

2. _____ 4. _____

Trade Information

1. Does your company sell NEW boats and motors?.....Yes _____ No _____

2. Do you operate a retail accessory showroom?.....Yes _____ No _____

3. Annual Marine Accessory Sales is approximately \$ _____

4. What type of business makes up the balance of your annual sales volume? _____

5. Name of major lines Currently handled:

Boats: _____

Motors: _____

Other: _____

6. How many are employed in your Marine Operation? _____

7. Do you have a motor service department?.....Yes _____ No _____

(OVER)

****FOR Hannay's USE ONLY: Account Salesman: _____**

Credit Information

1. Exemption Certificate (Form ST-3) attached. We are required by law to have this in our files.
2. What amount of open account credit do you request? \$_____
3. How long has this company been in the Marine Business?_____
4. List three (3) trade references: Please be sure to list regular open account references NOT secured purchases such as boat and motor suppliers. Thank You!

Trade References

Name: _____
Street: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____
Street: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Name: _____
Street: _____
City, State, Zip: _____
Phone: _____ Fax: _____

Bank References

Name: _____
Street: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Account Officer: _____

*****A COPY OF YOUR CURRENT BALANCE SHEET WILL BE APPRECIATED*****
ALL INFORMATION GIVEN ON THIS FORM WILL BE TREATED IN A CONFIDENTIAL MANNER
AND WILL BE USED ONLY BY HANNAY'S INC. IN CONSIDERING YOUR REQUEST FOR MARINE
DEALER STATUS WITH HANNAY'S INC.

****THANK YOU****



INDIVIDUAL PERSONAL GUARANTY

To: Hannay's Inc.
630 Arthur Street
Minneapolis, MN 55413

Date: _____ 20 _____

I, _____, Residing At _____
(Your Name) (Your Address) (City)

_____ For and In Consideration of Hannay's Inc. Extending Credit At My Request To
(State) (Zip)

_____ (Hereinafter Referred To As The "Company"),
(Company Name)

Located At _____,
(Street Address) (City) (State) (Zip)

Of Which I Am _____ Hereby Personally Guaranty To You The
(Title)

Payment At 630 Arthur Street Minneapolis, MN 55413 In The State of Minnesota Of Any Obligation Of

The Company And I Hereby Agree To Bind Myself To Pay Hannay's Inc. On Demand Any Sum

Which May Become Due To You By The Company Whenever The Company Shall Fail To Pay

The Same. It Is Understood That This Guaranty Shall Be A Continuing And Irrevocable

Guaranty For Such Indebtedness Of The Company. I Do Hereby Waive This Notice Thereof

And Consent To Any Modification Or Renewal Of The Credit Agreement Hereby Guaranteed.

Signature: _____

Date: _____

Witness: _____

Address: _____



REFERENCE RELEASE

Applicant and I/we acknowledge that the information provided herein and in the attached documents is for the purpose of enabling Hannay's Inc. to perform a credit analysis and possibly conduct business with applicant. Applicant and I/we certify that all such information is true, complete, strictly accurate and it is not misleading in any way. The applicant and I/we authorize Hannay's Inc. to make, now and from time to time, all inquiries it deems desirable, in its sole discretion, to verify the accuracy of the information provided, and to determine applicant and my/our credit worthiness and financial soundness in connection with evaluating, establishing, reviewing, extending credit or collecting amounts advanced under a credit line, and otherwise for the purpose of doing business with Hannay's Inc. Applicant and I/we further explicitly authorize all creditors and credit references and any third party contacted by Hannay's Inc., including without limitation credit bureaus, banks, financial institutions, accountants and businesses, now and from time to time, to release any information that may be requested by Hannay's Inc. in its sole discretion, including without limitation information on the bank accounts, loans, security interests and lines of credit of applicant and me/us. Finally, applicant and I/we authorize Hannay's Inc. to release information and answer questions about its credit and business experiences with applicant and me/us. Applicant and I/we acknowledge that submitting this application does not grant any right to obtain credit or to purchase and distribute Hannay's Inc. products. Hannay's Inc. reserves its absolute discretion to approve or disapprove this application and to withdraw approval at any time for any reason or no reason at all. Additional information may be requested during the review process. The granting of credit, if any, does not oblige Hannay's Inc. to sell any good to applicant. Applicant and I/we agree that, if ever Hannay's Inc. sells goods to applicant, the Hannay's Inc. sales terms and conditions shall apply to all such sales, without any modification or additional terms, which are non binding and expressly objected to and rejected by Hannay's Inc. The undersigned individuals guaranty that they have the authority to bind the applicant, and they do acknowledge that in executing this credit application, they are binding themselves personally and the applicant.

All owners of applicant must sign. Use additional sheets, if needed.

Signature	Printed Name	Date

Company: _____

Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: If this certificate is not fully completed, you must charge sales tax. Keep this certificate as part of your records.

This is a blanket certificate, unless one of the boxes below is checked, and remains in force as long as the purchaser continues making purchases, or until otherwise cancelled by the purchaser.

Check if this certificate is for a single purchase and enter the related invoice/purchase order # _____.

If you are a contractor and have a purchasing agent agreement with an exempt organization, check the box to make multiple purchases for a specific job. Enter the exempt entity, name and specific project:

Exempt entity name _____ Project description _____

Please print	Name of purchaser _____			
	Business address _____		City _____	State _____ Zip code _____
	Purchaser's tax ID number _____		State of issue _____	Country of issue _____
	If no tax ID number, enter one of the following:	FEIN _____	Driver's license number/State issued ID number _____ <i>state of issue number</i>	
	Name of seller from whom you are purchasing, leasing or renting _____			
	Seller's address _____		City _____	State _____ Zip code _____

Type of business. Circle the number that describes your business.

Type of business	01 Accommodation and food services	11 Transportation and warehousing
	02 Agricultural, forestry, fishing, hunting	12 Utilities
	03 Construction	13 Wholesale trade
	04 Finance and insurance	14 Business services
	05 Information, publishing and communications	15 Professional services
	06 Manufacturing	16 Education and health-care services
	07 Mining	17 Nonprofit organization
	08 Real estate	18 Government
	09 Rental and leasing	19 Not a business (<i>explain</i>) _____
	10 Retail trade	20 Other (<i>explain</i>) _____

Reason for exemption. Circle the letter that identifies the reason for the exemption.

Reason for exemption	A Federal government (<i>department</i>) _____	I Industrial production/manufacturing
	B Specific government exemption (<i>from list on back</i>) _____	J Direct pay permit # _____
	C Tribal government (<i>name</i>) _____	K Multiple points of use (<i>services, digital goods, or computer software delivered electronically</i>)
	D Foreign diplomat # _____	L Direct mail
	E Charitable organization # _____	M Other (<i>enter number from back page</i>) _____
	F Religious or educational organization # _____	N Percentage exemption
	G Resale	<input type="checkbox"/> Advertising (<i>enter percentage</i>) _____ %
	H Agricultural production	<input type="checkbox"/> Utilities (<i>enter percentage</i>) _____ %

Sign here

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY - If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)

Signature of authorized purchaser _____	Print name here _____	Title _____	Date _____
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