



Electric Yachts of Southern California WHOLESALE APPLICATION		
APPLICANT INFORMATION		
Company Name:		
Business address:		
City:	State:	ZIP Code:
Phone:		
Website:		
How Long in business:		
Name of business owner:		
FOR OPEN CREDIT		
Corporation:	Sole Proprietorship:	Partnership:
Federal /Tax ID:	Duns #:	
A/P manager:	Email:	
CONTACT INFORMATION		
Authorized purchasing contact:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
Other authorized purchasing contact:		
Address:		
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:		
KEY MARINE SUPPLIERS		
Name:		Phone:
City:	State:	
Name:		Phone:
City:	State:	
MARKETING AUTHORIZATION		
Request use of logo:	On Website:	In Print:
I authorize Electric Yacht. to verify the information provided on this form.		
Signature of applicant		Date