



MTI Life Jackets
P O Box 6115 Plymouth, MA 02362
Toll free: 800-783-4684 Fax: 781-582-3951

Inside Sales:
Jim Travers
jimt@mtiadventurewear.com
800-783-4684

Account Application & Agreement

Please submit signed application and opening order to: jimt@mtiadventurewear.com

Please check all that describe your business:

Retail Store_____	Rental_____	Outfitter_____	School/Club/Non-Profit_____	Rescue_____	Other_____
Paddle_____	SUP_____	Sailing_____	Fishing_____	Rafting_____	Other_____

Business Name:	DBA:
Business Owners Name:	Years in business:
Business website:	
Number of Stores? _____ How did you hear about MTI? Trade Show _____ Referral _____ Online _____ Other _____	
Please include photos of your business with your account application, including storefront with signage and retail/warehouse space	
Billing Address:	Ship to Address:
Billing City:	Ship to City:
Billing State & Zip:	Ship to State & Zip:
A/P Contact:	Main Buyer Contact:
A/P Email:	Buyer Email:
Phone: _____ Ext: _____	Phone: _____ Ext: _____
Preferred Payment Method? Credit Card _____ Net 30* _____ Please contact Lisa Chandler with credit card info: lisac@mtiadventurewear.com *If net 30, please fill out references below	Additional Buyer Contact:
	Additional Buyer Email:
Do you do online secure sales? <input type="checkbox"/> Yes <input type="checkbox"/> No *MTI allows online sales only by authorized accounts, and only by prior approval. Accounts wishing to sell MTI products online are required to list all online platforms and store names they use on this application, and who agree to abide by all MTI terms and conditions and MAP policy. Violators may lose the right to sell online and may be subject to account termination.	
Please list any websites and/or stores where you intend to sell MTI products (Incl. Amazon, eBay, etc.):	

See Terms and Conditions for MTI policies regarding online sales.

Please list any additional shipping addresses below:

Ship to Store Name	Ship to Address	Ship to City	Ship to State & Zip
1.			
2.			
3.			

For credit terms of NET 30, please supply three trade references who are familiar with your business. MUST include fax #'s

1.	Tel#	Fax#
2.	Tel#	Fax#
3.	Tel#	Fax#

By signing this agreement, you authorize MTI Life Jackets to communicate with names listed on this application via email, phone or fax with statements, invoices, purchase orders or sales orders and to verify your information by contacting the above listed references. Your signature also confirms that you have read and accepted the current MTI Life Jackets Terms and Conditions and MAP Policy, and that all information submitted in this application is true to the best of your knowledge. The undersigned promises to pay all invoices for purchases according to terms. Should there be a default in payment, the undersigned agrees to pay any collection or legal fees if account is placed with a collections agency.

Authorized Signature _____ Title _____ Date ____/____/____