



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

Marketing Manager:
 Lili Colby
 lilic@mtiadventurewear.com

Account Application & Agreement

Please submit signed application to: lilic@mtiadventurewear.com

Please check all that describe your business:

Sailing Club _____	Racing pgm _____	Youth pgm _____	Adult pgm _____	Rescue _____	Other: US SAILING PARTNERSHIP
Organization Name:			Commodore:		
Primary contact:			Years established:		
How did you hear about MTI? Trade Show ___ Referral ___ Online ___ Other _____					
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:	
Phone:		Ext:		Phone:	
Preferred Payment Method? Credit Card _____ Net 30* _____			Additional Buyer Contact:		
Please contact Lisa Chandler with credit card info: lisac@mtiadventurewear.com *If net 30, please fill out references below			Additional Buyer Email:		
Website address(es):					
Do you do online secure sales? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Please list any additional shipping addresses below:

Ship to 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 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 ____/____/____