

TYPE OF PROSPECT:

New Account

Existing Account

Account #: _____

1. Legal Name of Business _____
 (Legal Entity name as it is registered with the state)

2. Print Principal's Name _____
 (Must be a Legal principal of the Legal Entity above) **His/Her Business Title** _____

3. Signature of Principal _____
Date Signed _____

4. Tax Payer Identification Number (TIN)
 If Sole Proprietor, enter Social Security Number _____
 For other Legal Entities write your Employer Identification Number (EIN) _____

5. State Sales & Use Tax Registration #'s: Provide Registration #'s for all states within which Mercury Marine would deliver purchases for wholesale, resale, ingredients or components of a new product to be resold, leased, or rented in the normal course of business.

State	Registration #	State	Registration #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Type of Legal Entity: Sole Proprietor LLP LLC Corporation General Partnership
 Other: _____ Organized in the state of: _____ Date Business Established: _____

7. DBA (Doing Business As) Name: _____

8. Physical location of dealership: Address: _____
 (Shipping address) City: _____ State Abbr: _____ Zip: _____

9. County: _____ **10. Phone#:** _____ **11. Fax#:** _____

12. Billing/Mailing Address: Address: _____
 City: _____ State Abbr: _____ Zip: _____

13. E-Mail Address: _____ **14. Website:** _____

15. Principal #1 - Will Principal #1 personally manage the dealer operations? Yes No

Full Name: _____ Business Title: _____

% of Ownership of this Business: _____

Birthdate: _____ Social Security#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Marital Status: Single Married

Spouse's Full Name: _____ Social Security#: _____

Have you ever previously been an owner, operator, or principal of a Mercury Dealership? If No Yes

Yes, please complete the following:

_____	_____	_____
Name of Business	Location of Business	# of years

Reason for leaving or termination of Dealership: _____

Do you have any other experience in the Marine industry? No Yes - If yes, complete below:

	Name of Business	Location	# years
In Sales?	_____	_____	_____
In Service?	_____	_____	_____
In Ownership?	_____	_____	_____

CHECK HERE IF PRINCIPAL #1 IS THE ONLY PRINCIPAL OF THE BUSINESS. LIST ADDITIONAL PRINCIPALS ON NEXT PAGE

16. Principal #2 - Will Principal #1 personally manage the dealer operations? Yes No

Full Name: _____ Business Title: _____

% of Ownership of this Business: _____

Birthdate: _____ Social Security#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Marital Status: Single Married

Spouse's Full Name: _____ Social Security#: _____

Have you ever previously been an owner, operator, or principal of a Mercury Dealership? If No Yes

Yes, please complete the following:

_____	_____	_____
Name of Business	Location of Business	# of years

Reason for leaving or termination of Dealership: _____

Do you have any other experience in the Marine industry? No Yes - If yes, complete below:

	Name of Business	Location	# years
In Sales?	_____	_____	_____
In Service?	_____	_____	_____
In Ownership?	_____	_____	_____

17. Principal #3 - Will Principal #1 personally manage the dealer operations? Yes No

Full Name: _____ Business Title: _____

% of Ownership of this Business: _____

Birthdate: _____ Social Security#: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Marital Status: Single Married

Spouse's Full Name: _____ Social Security#: _____

Have you ever previously been an owner, operator, or principal of a Mercury Dealership? If No Yes
 Yes, please complete the following:

_____	_____	_____
Name of Business	Location of Business	# of years
Reason for leaving or termination of Dealership: _____		

Do you have any other experience in the Marine industry? No Yes - If yes, complete below:

_____	_____	_____
Name of Business	Location	# years
In Sales? _____	_____	_____
In Service? _____	_____	_____
In Owner- ship? _____	_____	_____

If there are more than 3 principals, please include their information on a separate sheet of paper.

18. Can we fax invoices to you? Yes - Specify Billing Fax number: _____ No.

19. Is this a brand new business, or an existing business? New Existing How long? _____

20. If this is an existing business, what products to you sell other than marine products?

Motorcycles Snowmobiles Lawn Equipment

Other: _____

21. Requested terms for Parts & Accessories:

COD Open Account Estimated Credit Line Required: _____

Requested terms for trolling motors purchased from MotorGuide (if applicable)

COD Open Account Floor Plan

Where do you have an established floor plan credit line?

Brunswick Acceptance Corp (BAC) Mercury Marine Credit (MMC) BCI

Textron GE Other (Please specify: _____)

Will you be applying for MMC Floor Plan? Yes No

22. FAX COMPLETED APPLICATION TO: 918-299-2554 Attn: Dallas
or MAIL TO: MOTORGUIDE, 8672 South Peoria, TULSA, OK 74132-2827

!!! IMPORTANT !!! ATTACH COPY OF ARTICLES OF INCORPORATION, LLC ORGANIZATION OR PARTNERSHIP AGREEMENT SHOWING YOUR LEGAL NAME AS IT IS REGISTERED WITH THE STATE