



Account Application
 Please complete, sign and return to:
Fax: +1 831 761 6830
 e-mail: acctmgmt@westmarine.com

Attn: Account Services
 500 Westridge Drive
 Watsonville, CA 95076
 Phone: (800)621-6885
 www.westmarinemegayacht.com

Information

Captain's Name: _____ Date: _____
 Permanent Address: _____
 City _____ State: _____ Zip: _____ Country: _____
 Shipping Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: () - _____ Fax: () - _____
 Email: _____

Vessel name: _____ Motor Yacht Sail Yacht
 Vessel LOA: _____ Home Port: _____

If applicable - in addition to yourself, please print names of up to 2 people you authorize to purchase on this account:
 Buyer #1: _____ Engineer Senior Officer Chief Steward
 e-mail: _____
 Buyer #2: _____ Engineer Senior Officer Chief Steward
 e-mail: _____

Please help us learn more about you by taking a moment to answer these questions:

What is the main reason you chose to apply for an account?

What specific products would you like to see us add to our megayacht assortment, and have available in key yachting destination stores?

ATTACH THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION

**Copy of Captain's License
 Vessel Documentation (Registration)**

Signature is required on all applications. Applicants submitting this application electronically are required to type their name and date in the area below, and by doing so agree to the given terms.

West Marine Megayacht Supply accounts are reserved for qualifying Captains whose full time occupation is being in command of yachts greater than 60 feet

I certify that all statements are true and complete. I hereby agree to seller's terms and conditions of sale as documented by the seller and agree to make all payments due. I further agree to pay any and all collection costs and/or attorney's fees involved in the collection of these debts. Title to all purchases vests in the seller until paid in full by purchaser, or the purchasers employer at the time of the purchase.

Signature: _____ Date: _____

For Internal Use Only

O	D	By	Date	Mkt#	Cgry	Whs	Ship Via	Cat	Vol Code	Sls Rep	Str #	Account #
				425		B	FGRN	Y	<input type="checkbox"/> B <input type="checkbox"/> S			

Special Instructions: _____