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**CREDIT & BOAT STALL APPLICATION**

DATE: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUMMER ADDRESS: \_\_\_\_\_

LAST 4 DIGITS OF SOCIAL SECURITY #: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

BOAT PHONE: \_\_\_\_\_ MAKE: \_\_\_\_\_

BOAT NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_ LENGTH: \_\_\_\_\_

WIDTH: \_\_\_\_\_ ENGINE MAKE: \_\_\_\_\_ GAS DIESEL

REGISTRATION #: \_\_\_\_\_ INSURANCE CO.: \_\_\_\_\_

Please list credit references:

CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SECURITY # \_\_\_\_\_

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

WHERE IS BOAT CURRENTLY MOORED?: \_\_\_\_\_

HOW LONG HAS BOAT BEEN OWNED?: \_\_\_\_\_

By my signature below, I agree to pay the balance of my account within 30 days and allow any balance outstanding over 30 days to be processed on the above credit card.

Signature \_\_\_\_\_ Date: \_\_\_\_\_