

LAKE POWELL AREA OFFICE

P.O. Box 1926/2040 East Frontage Road/Page, Arizona 86040/(602) 645-6095/FAX: (602) 645-6107

Wahweap **Bullfrog** **Hite** **Halls Crossing**

PERSONAL

NAME _____ SOCIAL SECURITY NO. _____
(Last, First, Middle)

ADDRESS _____
(City, State, Zip)

DATE OF BIRTH _____ PHONE NUMBER _____

NAME AND ADDRESS OF NEAREST RELATIVE _____
(Not living with you)

| | |
|---|--|
| RELATIONSHIP _____ | PHONE NUMBER _____ |
| CURRENT EMPLOYER _____ | PHONE NUMBER _____ Yrs _____ |
| OCCUPATION _____ | MONTHLY EARNINGS _____ |
| PREVIOUS EMPLOYER _____ | PHONE NUMBER _____ Yrs _____ |
| HAVE YOU EVER HAD CREDIT UNDER ANY OTHER NAME? <input type="checkbox"/> NO <input type="checkbox"/> YES | IF YES, WHAT NAME _____ |
| HAVE YOU EVER FILED BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/> YES | HAVE YOU EVER HAD ANYTHING REPOSSESSED? <input type="checkbox"/> NO <input type="checkbox"/> YES |

**List Banks, Finance Co., Savings & Loan, Credit Unions, Dept. Stores, Credit Cards
(Include accounts without balances-Business most current financial statement)**

| CREDITOR | ADDRESS | ACCOUNT# | BALANCE | MO. PAYMENT |
|----------|---------|----------|---------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

DESCRIPTION OF BOAT THAT THE OPEN ACCOUNT WILL BE FOR:
MAKE _____ MODEL _____ LENGTH _____ YR _____
HIN NO. _____ REG NO. _____ STATE _____
NAME ON BOAT _____ COLOR _____

STORAGE: Slip # _____ Buoy # _____ Dry Storage # _____ Property _____
MAKE TRAILER _____ LENGTH _____ YR _____ LICENSE # & STATE _____

PURPOSE OF CREDIT DESIRED _____ CREDIT LIMIT DESIRED _____

PLEASE LIST NAMES OF ALL AUTHORIZED SIGNATURES ON THIS ACCOUNT

- Customer must have a boat storage agreement at Lake Powell Resorts and Marina to apply for an open account.
- Statement due upon receipt.
- Slip, Buoy, and Dry Storage must be paid one month in advance.
- Delinquent balances will be charged a "Periodic Rate" of 1.5% per month, which is an annual rate of 18.00%.
- Charge privileges will be revoked in the event your account is past due 30-days.

I HEREBY WARRANT THE ACCURACY OF THE ABOVE INFORMATION AND AUTHORIZE INVESTIGATION OF SAME.

SIGNED _____ DATE _____

OFFICE USE ONLY

CREDIT APPROVED _____ CREDIT LIMIT _____ CREDIT REFUSED _____ DATE _____

REMARKS _____

ACCOUNT# _____ GROUP # _____