Fill in this information to identify the case:

Debtor 1 WEST MARINE, INC

Debtor 2 (Spouse, if filing)

United States Bankruptcy Court for the: District of Delaware

Case number 26-10794

Official Form 410

Proof of Claim

04/25

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. **Do not send original documents;** they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) **that you received.**

Part 1: Identify the Claim

1. Who is the current creditor?

AMERICAN SUPPLY COMPANY
Name of the current creditor (the person or entity to be paid for this claim)

Other names the creditor used with the debtor

2. Has this claim been acquired from someone else?

☑ No
☐ Yes. From whom?

3. Where should notices and payments to the creditor be sent?

Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)

Where should notices to the creditor be sent?

AMERICAN SUPPLY COMPANY
Name

P.O. BOX 2026
Number Street

SALINAS CA 93902
City State ZIP Code

Contact phone 831-424-1928

Contact email cs@americansupplycompany.com

Where should payments to the creditor be sent? (if different)

Name

Number Street

City State ZIP Code

Contact phone

Contact email

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JUL 13 2026
VERITA GLOBAL

Uniform claim identifier (if you use one):

4. Does this claim amend one already filed?

☑ No
☐ Yes. Claim number on court claims registry (if known) _____ Filed on ____ / ____ / ____ (MM / DD / YYYY)

5. Do you know if anyone else has filed a proof of claim for this claim?

☑ No
☐ Yes. Who made the earlier filing?



2610794260713000000000007

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. **Do you have any number you use to identify the debtor?**
   - ☐ No
   - ☒ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor: 1973

7. **How much is the claim?** $ 2,888.22. **Does this amount include interest or other charges?**
   - ☑ No
   - ☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. **What is the basis of the claim?**
   Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.
   Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).
   Limit disclosing information that is entitled to privacy, such as health care information.
   GOODS SOLD

9. **Is all or part of the claim secured?**
   - ☑ No
   - ☐ Yes. The claim is secured by a lien on property.

   Nature of property:
   - ☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim.*
   - ☐ Motor vehicle
   - ☐ Other. Describe: _____

   Basis for perfection: _____
   Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

   Value of property: $_____
   Amount of the claim that is secured: $_____
   Amount of the claim that is unsecured: $_____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

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   JUL 13 2026
   VERITA GLOBAL

   Amount necessary to cure any default as of the date of the petition: $_____

   Annual Interest Rate (when case was filed)_____%
   - ☐ Fixed
   - ☐ Variable

10. **Is this claim based on a lease?**
    - ☑ No
    - ☐ Yes. **Amount necessary to cure any default as of the date of the petition.** $_____

11. **Is this claim subject to a right of setoff?**
    - ☑ No
    - ☐ Yes. Identify the property: _____

12. **Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?**

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☑ No

☐ Yes. *Check one:*

	Amount entitled to priority
☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	$_____
☐ Up to $3,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).	$_____
☐ Wages, salaries, or commissions (up to $17,150*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).	$_____
☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).	$_____
☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).	$_____
☐ Other. Specify subsection of 11 U.S.C. § 507(a)(__) that applies.	$_____

* Amounts are subject to adjustment on 4/01/28 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(3) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to $500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☑ I am the creditor.

☐ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/16/2026
MM / DD / YYYY

MARY GARCIA
Signature

Print the name of the person who is completing and signing this claim:

Name: MARY GARCIA
First name Middle name Last name

Title: ACCOUNTS RECEIVABLE

Company: AMERICAN SUPPLY COMPANY
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address: 130 WEST MARKET ST.
Number Street

SALINAS CA 93901
City State ZIP Code

Contact phone: 831-424-1928 Email: cs@americansupplycompany.com

RECEIVED
JUL 13 2026
VERITA GLOBAL

american supply company

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TWO LOCATIONS TO SERVE YOU

130 West Market St.
Salinas, CA 93901
(831) 424-1928
(831) 424-5251 Fax

1033 Broadway Ave.
Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 4

FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 02/27/2026
TIME: 11:29 AM
INVOICE NO: 3083918

TERMS: NET 30

BILL TO:

WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE,CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELLANEOUS
7973		14 78			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	89.55
1	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	95.50
1	CASE	284-HMW8048XN	40X48 16MIC NAT LINER 10/25RL	46.95	46.95
				SALES TAX:	19.14
EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM					
ENTER WMA1 IN THE SUBJECT FIELD					
ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY OF EMAIL					

TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL -> 251.14

CHECKER	DRIVER	DATE	RECEIVED BY	ACKNOWLEDGE RETURN	PLEASE PAY THIS AMOUNT
	Rodney G	3/4/26	Jesse Sanchez		

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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130 West Market St.
Salinas, CA 93901
(831) 424-1928
(831) 424-5251 Fax

1033 Broadway Ave.
Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 16

FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 03/27/2026
TIME: 3:39 PM
INVOICE NO: 3086171

TERMS: NET 30

BILL TO:

WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE,CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELLANEOUS
7973		14 78			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	063-AZU1L	REFRESH AZURE FOAM 6/1LTR	84.20	84.20
1	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	89.55
1	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	95.50
1	CASE	284-HMW8048XN	40X48 16MIC NAT LINER 10/25RL	46.95	46.95
				SALES TAX:	26.09
EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM					
ENTER WMAI IN THE SUBJECT FIELD					
ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY					
OF EMAIL					

TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL → 342.29

CHECKER	DRIVER	DATE	RECEIVED BY	ACKNOWLEDGE RETURN	PLEASE PAY THIS AMOUNT
	RICK A	4/1/26	Delivered		

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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(831) 424-1928
(831) 424-5251 Fax

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Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 9.
FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 04/10/2026
TIME: 2:45 PM
INVOICE NO: 3087341

TERMS: NET 30

BILL TO:

WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE,CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELLANEOUS
7973		14 50			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	89.55
1	CASE	086-23501	J932 JR JUMBO 2PLY T.TIS 12/1M	48.90	48.90
1	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	95.50
1	CASE	284-HMW8048XN	40X48 16MIC NAT LINER 10/25RL	46.95	46.95
				SALES TAX:	23.17
EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM					
ENTER WMAI IN THE SUBJECT FIELD					
ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY					
OF EMAIL					

TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL 304.07

CHECKER	DRIVER	DATE	RECEIVED BY	ACKNOWLEDGE RETURN	PLEASE PAY THIS AMOUNT
	Ahmad	4/13/26			

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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(831) 424-5251 Fax

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Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 15

FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 04/28/2026
TIME: 1:12 PM
INVOICE NO: 3088728

TERMS: NET 30

BILL TO:

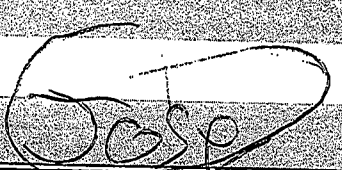
WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE, CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELLANEOUS
7973		14 70			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	89.55
1	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	95.50
				SALES TAX:	15.27
EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM					
ENTER WMA1 IN THE SUBJECT FIELD					
ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY OF EMAIL					



TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL ➡ 200.32

CHECKER	DRIVER	DATE	RECEIVED BY	ACKNOWLEDGE RETURN	PLEASE PAY THIS AMOUNT
	RICH A	4/29/26			

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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(831) 424-5251 Fax

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Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 4

FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 05/08/2026
TIME: 1:12 PM
INVOICE NO: 3089628

TERMS: NET 30

BILL TO:

WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE,CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

FOLD LABEL AT DOTTED LINE. AFFIX TO RIGHT SIDE OF HAZARDOUS MATERIAL BILLS SO THAT TAB STICKS OUT.
GAVILAN PRINTERS • SALINAS

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELL
7973		14 78			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	022-CL118	CNTRY GARDEN METERD AIR 12/7oz	89.95	89.95
	HM-X	UN1987,ALCOHOLS,N.O.S.,(ETHANOL,PROPAN-2-OL),3,			
21.00	LBS	PGIII,E.R.G. #127			
1	CASE	063-107712	PREVENT ALCHOL GEL 12/800ML	109.70	109.70
1	CASE	063-9106	PREM LOTION HAND SOAP 12/800ML	102.95	102.95
2	CASE	063-AZU1L	REFRESH AZURE FOAM 6/1LTR	88.20	176.40
3	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	268.65
1	CASE	098-046	SIERRA 1/2FD SEAT CVR 20/250	55.00	55.00
2	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	191.00
1	CASE	284-2433R	24X33 6MIC NAT LINER 20/50RL	33.25	33.25
			SALES TAX:		84.72

EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM
ENTER WMA1 IN THE SUBJECT FIELD
ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY OF EMAIL
21.00 LBS. HM-X TOTAL WEIGHT

TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL 1111.62

CHECKER | DRIVER | DATE 5/13/26 | RECEIVED BY | ACKNOWLEDGE RETURN | PLEASE PAY THIS AMOUNT

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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(831) 424-5251 Fax

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Seaside, CA 93955
(831) 394-1445
(831) 394-1448 Fax

Remit to: P.O. Box 2026, Salinas, CA 93902

PAGE: 1 15

FOR CHEMICAL EMERGENCY CALL: 831-424-1928

DATE: 05/22/2026
TIME: 11:47 AM
INVOICE NO: 3090742

TERMS: NET 30

BILL TO:

WEST MARINE
AP # 36884
P.O. BOX 60609
SUNNYVALE, CA. 94088

SHIP TO:

WEST MARINE
2395 HBERT DRIVE
HOLLISTER, CA 95023

CUSTOMER ACCOUNT NO.	CUSTOMER ORDER NO.	SOLD BY	MERCHANDISE RETURNED	PAID OUT	MISCELLANEOUS
7973		14 70			

QUANT.	U/M	ITEM CODE	DESCRIPTION	UNIT PRICE	AMOUNT
1	CASE	063-AZU1L	REFRESH AZURE FOAM 6/1LTR	88.20	88.20
3	CASE	086-19375	COMP CORELESS 2PLY T.T. 36/1M	89.55	268.65
1	CASE	098-046	SIERRA 1/2FD SEAT CVR 20/250	55.00	55.00
2	CASE	100-26495	PACIFIC BRN ROLL TOWEL 6/1150'	95.50	191.00
1	CASE	284-2424R	24X24 6MIC NAT LINER 20/50RL	24.20	24.20
				SALES TAX:	51.73
			EMAIL INVOICES UPON ORDER TO: WESTMARINE@ACCU-IMAGE.COM		
			ENTER WMAI IN THE SUBJECT FIELD		
			ONE INVOICE PER PDF FILE, DO NOT ENTER COMMENTS IN BODY OF EMAIL		

TERMS & CONDITIONS: Title to above listed merchandise shall not pass to purchaser but will remain with vendor until all sums due on this invoice are fully paid. All bills are **net 30 days.** The buyer hereby acknowledges responsibility for payment of all collection costs and/or attorney's fees if legal action is necessary for collection. A service charge of 1 ½% per month (which is 18% per annum) will be added to all accounts 60 days past due. **There will be a $25 charge on all returned checks.**

TOTAL ➡ 678.78

CHECKER | DRIVER | DATE 5/20/26 | RECEIVED BY | ACKNOWLEDGE RETURN | PLEASE PAY THIS AMOUNT

ALL CLAIMS AND REFUNDS MUST BE ACCOMPANIED BY THIS INVOICE WITHIN 10 DAYS AFTER DATE OF PURCHASE

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