

# CREDIT APPLICATION

## CONTACT INFORMATION

Legal Business Name \_\_\_\_\_

If the business trade name is a DBA, what is the legal DBA? \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_  Same as above

Buyer's First and Last Name \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Website \_\_\_\_\_

## BILLING ADDRESS

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

## SHIPPING ADDRESS

Address \_\_\_\_\_  Same as above

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

## BANK INFORMATION (optional)

Business Bank \_\_\_\_\_

Bank Contact Person \_\_\_\_\_ Account Number \_\_\_\_\_

Branch City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

## AGREEMENT

The undersigned warrants that the information submitted is true and correct and represents that he/she has the authority to execute this agreement on behalf of the business identified. AXEON Water Technologies is hereby authorized to investigate the credit references and principals listed above. In consideration of the extension of credit, said business promises to pay for all purchases within the terms issued. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay in addition to all sums due, reasonable collection costs, including attorney fees, whether or not litigation has commenced, and all costs of litigation incurred. It is understood that this agreement shall be continuing and irrevocable for indebtedness of said business. The applicant hereby authorizes the above mentioned banks and companies to release the requested information by AXEON Water Technologies. The applicant also acknowledges receipt of and agrees to all 'Terms and Conditions' of AXEON Water Technologies.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

## BUSINESS INFORMATION

Federal Tax ID# or Social Security Number \_\_\_\_\_

Resale Card # \_\_\_\_\_  
(California Businesses complete separate California Resale Card Form).

General Product(s) or Services(s) Supplied \_\_\_\_\_

**COMPANY TYPE?**

OEM/Distributor  
 Plumber / Contractor  
 Dealer / Retailer  
 Consulting/Engineering Firm

**BUSINESS TYPE?**

Sole Proprietorship  
 Partnership  
 Corporation

Date Established \_\_\_\_\_ Estimated Annual Sales \_\_\_\_\_

Principal Owner(s) \_\_\_\_\_

## DESIRED ACCOUNT TYPE

Terms and Credit Line (Domestic Company Only)  
*Accepted Payment Methods: Check, Electronic Funds Transfer (ACH/Wire Transfer)*

Prepayment  
*Accepted Payment Methods: Check, Electronic Funds Transfer (ACH/Wire Transfer), Credit Card*

## Has the company or principal owners ever filed for bankruptcy?

Yes  No

## TRADE REFERENCES

(Required for Net 30 Accounts)

1. \_\_\_\_\_  
 Company \_\_\_\_\_

Account Number \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

2. \_\_\_\_\_  
 Company \_\_\_\_\_

Account Number \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. \_\_\_\_\_  
 Company \_\_\_\_\_

Account Number \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_