

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 # _____

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 _____