

<u>Headquarters</u>	
DI _____	_____
CL _____	_____
DATE: _____	BY _____

APPLICATION FOR CREDIT

Firm Name _____ Date _____

Name of Parent Company _____ Date Business Started _____

Proprietor/or Partner's Names (please print) _____

Business Address _____ Phone (____) _____

City _____ Fax (____) _____

State _____ Zip _____ Cell Phone (____) _____

Type of Business _____ E-Mail _____

Incorporated? Yes No *If so, in what state _____ Date Incorporated _____

BILLING ADDRESS IF DIFFERENT _____

City _____ State _____ Zip _____

CORPORATE OFFICERS, OWNERS, PROPRIETOR, PARTNERS:

President/Owner/Partner _____ Res. Phone: (____) _____

Residence Address _____

Vice President/Partner _____ Res. Phone: (____) _____

Residence Address _____

Estimated Monthly Purchases \$ _____ Type of material purchasing? _____

State Contractors License# _____ Type _____

Are your sales Taxable? Yes No *If No, what is your resale # _____

(Also please attach a resale card—state requirement; Sales tax will be charged until receipt of resale card.)

REFERENCES (Give only names of those you buy from on open account)

1. COMPANY NAME _____ Credit Contact: _____

Address _____ Phone (____) _____

2. COMPANY NAME _____ Credit Contact: _____

Address _____ Phone (____) _____

3. COMPANY NAME _____ Credit Contact: _____

Address _____ Phone (____) _____

4. COMPANY NAME _____ Credit Contact: _____

Address _____ Phone (____) _____

Hydro-Scape Preferred Cash Customer Card? Yes Card No. _____

Where do you bank? _____ Branch _____

Address _____ City _____ State _____ Zip _____

Checking Account Number _____ Savings Account Number _____

Phone _____ Bank Contact _____

