



· DISTRIBUTORS ·

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Toll Free: 800-955-8561
Facsimile: 770-424-2464
Toll Free Fax: 800-955-8562

CREDIT APPLICATION

Please fill out this application and fax it to us along with your order (minimum \$500 for credit consideration).

Date: _____ Company Name: _____ Credit Amount Requested: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Ship to Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone No.: _____ Fax No.: _____

Email: _____

Acct. Payable Contact: _____

Acct. Payable Phone#: _____ Acct. Payable Email: _____

Business Info: Corporation Proprietorship Partnership Date Established: _____

Type of Business: _____

Federal Tax ID No.: _____ Sales Tax Exemption No.: _____

Registered Agent of Corporation: _____ Agent's Phone No.: _____

Agent's Address: _____

City: _____ State: _____ Zip Code: _____

Bank Name: _____ Date Established: _____

Bank Address: _____ Account Balance: _____

City: _____ State: _____ Zip Code: _____

Bank Officer's Name: _____ Phone No.: _____

Please Give Three Commercial References

Name: _____ Account #: _____ Phone No.: _____ Fax No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount of Credit Line: _____ Current Balance: _____ Date Established: _____

Name: _____ Account #: _____ Phone No.: _____ Fax No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount of Credit Line: _____ Current Balance: _____ Date Established: _____

Name: _____ Account #: _____ Phone No.: _____ Fax No.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Amount of Credit Line: _____ Current Balance: _____ Date Established: _____

I hereby give this information for the purpose of obtaining credit from H2O Distributors and authorize them to make inquiries and obtain any information concerning accounts listed herein. All purchases are subject to H2O Distributors Standard terms & conditions.

Signature

Print Name

Title

Date