



CUSTOMER APPLICATION

POOL WATER PRODUCTS - BRANCH _____ DATE ____/____/____

PLEASE SEE OUR PRIVACY POLICY AT: <http://poolwaterproducts.com/PWPPrivacy.pdf>

COMPANY INFORMATION

PWP Account number _____

Exact Legal Name of Firm _____

DBA _____ E-mail address _____

Address _____ City _____ County _____

State _____ Zip _____ Country _____

Business phone (____) _____ Cell phone (____) _____ Fax (____) _____

Company is (check one): Corporation Sole proprietorship Partnership LLC Other _____

Company Annual Sales \$ _____ Anticipated Monthly Purchases from  \$ _____

If company is a corporation, incorporated under the laws of (state) _____ Date ____/____/____

Company is a subsidiary of (parent organization) _____

Date current business started ____/____/____ Date current business acquired ____/____/____

Contractors license type _____ License number _____

Bonding company _____ Bond number _____

Taxable Resale Resale No. _____ Federal Tax No. _____

Do you own or rent your place of business Own Rent

Type of business Pool / Spa Service Pool / Spa Construction Pool Store Spa Store
 Electrician Plumber Plasterer Other _____

If service - number of pools / spas on service _____

If construction - number of pools / spas built per year _____

Have you had an account with  under another name? Yes No If yes, give name, address, and dates below _____

OWNERSHIP INFORMATION - MUST BE FULLY COMPLETED

Principal: Married Single

Name _____ Title _____

Percentage of ownership _____

Residence address _____

City _____ State _____

Zip _____ Home phone (____) _____

Social security number _____

Drivers license number _____

INCLUDE A COPY OF OWNER'S VALID DRIVERS LICENSE.

Do you own or rent your home: Own Rent

Previous address _____

City _____ State _____

Dates from _____ to _____

Have you ever filed a business bankruptcy Yes No

When _____ Where _____

Have you ever filed a personal bankruptcy Yes No

When _____ Where _____

Principal: Married Single

Name _____ Title _____

Percentage of ownership _____

Residence address _____

City _____ State _____

Zip _____ Home phone (____) _____

Social security number _____

Drivers license number _____

INCLUDE A COPY OF OWNER'S VALID DRIVERS LICENSE.

Do you own or rent your home: Own Rent

Previous address _____

City _____ State _____

Dates from _____ to _____

Have you ever filed a business bankruptcy Yes No

When _____ Where _____


Have you ever filed a personal bankruptcy Yes No

When _____ Where _____

POOL WATER PRODUCTS CUSTOMER CONDITIONS AND AGREEMENTS

I/We agree to inform Pool Water Products immediately upon any change of ownership, change of legal structure, change of name or type of business of the company.

I/We agree Pool Water Products retains ownership of all materials purchased until Pool Water Products is paid in full.

I/We agree all required notices are to be sent to Pool Water Products – 17872 Mitchell, Irvine, CA 92614 – or  current corporate office.

I/We agree to abide by the POOL WATER PRODUCTS CUSTOMER CONDITIONS AND AGREEMENTS.

X _____
Company Name Signature Date

BANK INFORMATION

Bank Reference: Name _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____
Business Checking Account # _____ Personal Checking Account # _____
Bank Contact _____ Personal Savings Account # _____

Bank Reference: Name _____ Address _____
City _____ State _____ Zip _____ Phone (____) _____
Business Checking Account # _____ Personal Checking Account # _____
Bank Contact _____ Personal Savings Account # _____

I HEREBY AUTHORIZE MY BANK TO RELEASE ALL INFORMATION REQUESTED BY POOL WATER PRODUCTS.

X _____
Company Name Signature Date

PERSONAL GUARANTEE - FOR CHECK ACCEPTANCE - (MUST BE SIGNED)

PLEASE CHECK BOX IF YOU WANT PWP TO ACCEPT CHECKS FOR PAYMENT.

MAXIMUM CHECK AMOUNT REQUESTED \$ _____

I/WE _____
Print Full Name Print Full Name

personally guarantees the payment of any dishonored checks and all collection costs, attorney fees, court costs, and all other costs and expenses which are incurred by seller to enforce payment of any dishonored checks. I authorize Pool Water Products to verify the information provided and gather whatever credit history it considers necessary and appropriate, including but not limited to obtaining a credit report on the company owners, partners, members, or guarantors.

X _____
Personal Guarantor Signature Date Personal Guarantor Signature Date

For Company Use Only

Manager's approval to sell cash only _____ Date _____

Manager's disapproval to sell cash only _____ Date _____

Corporate's approval to accept checks for payment _____ Date _____ Amount \$ _____

Corporate's approval to accept checks for payment _____ Date _____