

CREDIT APPLICATION

FAX TO: 435-245-7946

NAME: _____ DATE: _____

STREET ADDRESS: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

TYPE OF BUSINESS: PARTNERSHIP. / PROPRIETER. / CORPORATION.

NAME OF OWNER(S) – OFFICERS:

PRESIDENT: _____ PHONE: _____

VICE-PRES: _____ PHONE: _____

CONTROLER: _____ PHONE: _____

FISCAL YR-END. _____ DATE EST. _____ STATE OF INC. _____ YEAR INC. _____

HAS YOUR COMPANY OR ANY CURRENT OFFICERS EVER FILED FOR BANKRUPTCY? Y ___ N ___

(Yes – Detail On Back)

***** TO SUPPORT THIS APPLICATION – PLEASE ATTACH A CURRENT FINANCIAL STATEMENT*****

SALES TAX EXEMPT: YES ___ NO ___

(If Yes – Please send a copy of your “Sales Tax Exemption Certificate” with this application)

BANK REFERENCES:

BANK: _____ BRANCH: _____

OFFICER OR CONTACT: _____ PHONE: _____

ACCOUNT NUMBERS: CHECKING- _____ SAVINGS- _____

LOAN - _____ (SECURED) _____ (UN-SECURED) _____

BUSINESS REFERENCES:

1.) NAME: _____ ADDRESS _____ PHONE _____ FAX _____

2.) NAME: _____ ADDRESS _____ PHONE _____ FAX: _____

3.) NAME: _____ ADDRESS _____ PHONE _____ FAX: _____

TERMS AND CONDITIONS: THE ABOVE INFORMATION IS FOR THE PURPOSE OF OBTAINING OPEN ACCOUNT CREDIT WITH BYWATER PRODUCTS AND IS WARRANTED TO BE TRUE. APPLICANT AUTHORIZES CREDIT REFERENCES TO RELEASE ANY INFORMATION NECESSARY TO ASSIST IN ESTABLISHING A LINE OF CREDIT WITH BYWATER PRODUCTS. APPLICANT AGREES TO PAY ALL INVOICES IN ACCORDANCE WITH OUR TERMS. APPLICANT ACKNOW -LEDGES THAT A MONTHLY SERVICE CHARGE WILL BE APPLIED TO ALL SUMS DUE BYWATER PRODUCTS WHICH HAVE NOT BEEN PAID WITHIN THIRTY DAYS (30) FROM THE INVOICE DATE, AND APPLICANT AGREES TO PROMPTLY PAY SAID SERVICE CHARGE. THE SERVICE CHARGE SHALL BE 1.5% PER MONTH, BUT NOT TO EXCEED THE HIGHEST AMOUNT LAWFULLY ALLOWED BY CONTRACT IN THE STATE IN WHICH THE APPLICANT IS EXECUTED. AN ADDITIONAL SERVICE CHARGE WILL BE COMPUTED ON THE SAME BASIS AND WILL BE DUE AND PAYABLE EVERY THIRTY (30) DAYS THEAFTER SHOULD SUIT OR COLLECTION ACTION BE INSTITUTED ON COLLECTION OF YOUR DEBT. APPLICANT HEREBY AGREES TO PAY ALL REASONABLE COLLECTION COSTS, EXPENSES, ATTORNEY’S FEES AND COURT COSTS INCURRED IN THE ENFORCEMENT OF THE OBLIGATION.

SIGNED: _____ DATE: _____

TITLE: _____