



Application for Credit

Company Name: _____
Phone: _____
Billing Address: _____
Fax: _____
City: _____ State: _____
Zip: _____
Shipping Address: _____
City: _____ State: _____
Zip: _____
Company Internet Address: _____
Name of Purchasing Contact: _____
Tel: _____ Ext: _____
Fax: _____
Email: _____
Accounts Payable Contact: _____
Tel: _____ Ext: _____
Fax: _____ Ext: _____
Does your company accept faxed invoices? _____
Full Name of Owner or
Officer _____
State Resale Number _____
Federal Tax ID Number _____
DUNS No: _____

Trade References

1. Company Name _____ Contact Name: _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zip _____

2. Company Name _____ Contact Name: _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zip _____



ROwater Systems, Inc

“Complete Water Treatment Solutions”

CREDIT APP. CONT.

3. Company Name _____ Contact Name: _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zip _____

Bank References

1. Bank Name _____ Contact Name: _____
Acct.# _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zip _____

2. Bank Name _____ Contact Name: _____
Acct.# _____
Phone _____ Fax _____
Mailing Address _____
City _____ State _____ Zip _____

The undersigned hereby states that he/she is the owner , officer or legal representative of the above company and authorizes ROwater Systems, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility. The signee also understands that the above information is for the purpose of obtaining credit and is, to the best of his/her knowledge, warranted to be true.

The undersigned agrees to abide by the terms set forth, upon approval of this application, and to pay a service charge of 1.5% per month or 18.00% on an annual rate for all invoices not paid on or before the due date: Net 30 days.

Signature _____ Title _____

Please Print Name: _____ Date: _____

The above information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize ROwater Systems, Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.

Please return completed form to the address or facsimile listed below:

ROwater Systems, Inc. Fax: 781.507-0114
210 Park Street Tel: 781.224.4213
Stoneham MA 02180

210 Park Street Stoneham, MA 02180 Tel: 781.224.4213 Fax: 781.507-0114
Toll Free: 877.224.4213 E-Mail: service@rowatersystems.com Web: www.rowatersystems.com