



CREDIT APPLICATION

Water Safety Products Inc.
PO Box 60085 Palm Bay FL 32906
2330 Commerce Park Dr. NE Ste 4

Toll Free: 1-800-987-7238 Local Tel. 321-777-7051 Ext. 12

Fax: 321-777-5438 Email: accountsreceivable@watersafety.com

Thank you for your interest in our company. Please read and have the owner sign the statement below. Please provide 4 references with which you have established open terms, and who will release credit information. This will speed up the processing of your application. Upon approval, our terms are Net 30 from the receipt of goods. We look forward to working with you.

Company Information

Business Name:
Owner's Name:
Address:
City: State: Zip Code:
Telephone: Fax:
Business Type (CHECK ONE): Corporation Partnership Proprietorship Other
Federal Tax I.D # or Social Security #:
Years in Business:

Financial Information

Bank: Account #
Bank Address:
City: State: Zip Code:
Telephone: Fax:

Trade References: \*Please provide at least four references along with a contact person, phone, and/or email
We primarily do our credit checks via fax\*

1. Company Name
Account #:
Phone # Fax:
Email contact if available:
2. Company Name
Account #:
Phone # Fax:
Email contact if available:
3. Company Name
Account #:
Phone # Fax:
Email contact if available:
4. Company Name
Account #:
Phone # Fax:
Email contact if available:

Authorization

I hereby apply for credit and certify the above information is correct. I understand the terms are net 30 ROG and agree to honor these if credit is extended. Should default occur I understand that we will be liable for the invoice amount as well as the highest amount of interest allowed by law, not to exceed 1.5% per month (18% per annum) and I, undersigned, state that I have full power of attorney to sign for this company, partnership, or corporation.

Owner's Signature
Owner's Printed Name:
Address
Contact Telephone:



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## Authorization to release bank information

Company Name	<input type="text"/>	Fed. Tax I.D. #	<input type="text"/>
Bank Name	<input type="text"/>	Attn:	<input type="text"/>
Account Number	<input type="text"/>		
Bank Address	<input type="text"/>		
City	<input type="text"/>	State	<input type="text"/>
		Zip	<input type="text"/>
Phone Number	<input type="text"/>	Fax Number	<input type="text"/>

To the Credit Department of our Bank:

You are hereby authorized to release all relevant information concerning our account to Water Safety Products Inc at 2330 Commerce Park Dr. NE Ste 4 Palm Bay FL 32905 for the purposes of a credit verification.

Sincerely,

Authorized Signature \_\_\_\_\_  
Print Name & Title   
Date:

PLEASE COMPLETE AND FAX TO 321-777-5438