



CREDIT APPLICATION

Water Safety Products Inc.

PO Box 60085 Palm Bay, FL 32906

2330 Commerce Park Dr. NE Ste 4 Palm Bay, FL 32905

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