

Aqua Technology Group Credit Application

Return this Application to:
Aqua Technology Group LLC
8104 Beckett Center Dr
West Chester, OH 45069
Fax: (866) 439-9570
accounts@aquatechnologygroup.com



Need Help With this Form?
Call Toll Free: (800) 513-8993
Phone: (513) 298-1183

You may include your Standard Credit Reference Sheet But All Fields Below Must Be Filled Out & Application Signed

Credit Application	
Company name	Billing Contact Name
DBA (if different)	Billing Phone # / Ext.
Billing Fax #	Billing Email
Bill To Address	
Ship To Address	
Date business established	Credit Limit Requested \$
D&B Number	Federal Taxpayer Identification #
Social Security Number (required for proprietorships / partnerships)	
Type of Business	Is there a Parent Company?
Parent Company Name / Address (if applicable)	
<input type="checkbox"/> CORPORATION	State of Incorporation
Names and addresses of three corporate officers (for credit lines above \$2500)	
<input type="checkbox"/> PARTNERSHIP	State of Organization
Names and addresses of the partners (for credit lines above \$2500)	
<input type="checkbox"/> SOLE PROPRIETORSHIP	
Are you sales tax exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, attach, fax or email your certificate.	
Are all orders tax exempt?	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please specify)
Authorized purchasers	
Purchase order required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Aqua Technology Group Credit Application

TRADE REFERENCES

Reference #1

Name _____

Address _____

Phone _____ Fax _____

Account # _____

Reference #2

Name _____

Address _____

Phone _____ Fax _____

Account # _____

Reference #3

Name _____

Address _____

Phone _____ Fax _____

Account # _____

BANK REFERENCES

Bank#1

Account # _____ Loan # _____

Phone _____ Fax _____

Contact / Bank Officer _____

Contact Email _____

Name of bank _____

Address _____

Bank#2

Account # _____ Loan # _____

Phone _____ Fax _____

Contact / Bank Officer _____

Contact Email _____

Name of bank _____

Address _____

NOTE: THIS SECTION MUST BE FILLED OUT ENTIRELY & SIGNED EVEN IF STANDARD CREDIT REFERENCE SHEET PROVIDED.

All statements made herein are true and accurate to the best of our knowledge. We hereby authorize Aqua Technology Group LLC and its agents to make any and all inquiries necessary for action on this credit application. We hereby indemnify and hold harmless Aqua Technology Group LLC and its agents from any liability resulting from this application. Note that any account over 30 days past due is immediately subject to interest charges of 1.5 percent per month (18% APR) on the unpaid balance where allowable by law as well as any attorney's fees, court costs, and other costs of collections. In the event a check or other payment form is returned to us by our bank, a minimum \$35 fee will be added to your account. Credit accounts may be reduced, limited or suspended at any time.

Authorized signature(s): _____**Printed name(s):** _____**Title(s):** _____**Date:** _____Additional information or circumstances that we should consider in our decision to extend credit to you or your company?

