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APPLICATION FOR CREDIT AGREEMENT

COMPANY INFORMATION

NAME _____ DATE _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

FAX _____ FEDERAL EIN _____

(IF DIFFERENT FROM ABOVE)

BILLING ADDRESS _____

CITY AND STATE _____ ZIP _____

APPLICANT IS: *SOLE PROPRIETORSHIP, PARTNERSHIP, *GENERAL, *LIMITED, or CORPORATION
*MUST COMPLETE THE PERSONAL INFORMATION SECTION BELOW IF CHECKED ABOVE

DIVISION, SUBSIDIARY, OR BRANCH OF _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____ YEAR ESTABLISHED _____ ANNUAL SALES _____

PERSONAL INFORMATION

OWNER, PARTNER, OR PRINCIPAL OFFICER _____ TDL _____

ADDRESS _____ HOME PHONE _____

PERSONAL INFORMATION

OWNER, PARTNER, OR PRINCIPAL OFFICER _____

ADDRESS _____ HOME PHONE _____

TRADE REFERENCE

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT _____ APP. HIGH CREDIT _____

FOR OFFICE USE ONLY _____

TRADE REFERENCE

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CONTACT _____ APP. HIGH CREDIT _____

FOR OFFICE USE ONLY _____

TRADE REFERENCE

NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
CONTACT _____ APP. HIGH CREDIT _____
FOR OFFICE USE ONLY _____

ESTIMATED LINE OF CREDIT REQUIRED: \$ _____

FOR LINES OF CREDIT OF \$5,000.00 OR MORE PLEASE PROVIDE THE FOLLOWING:

FINANCIAL INFORMATION

FINANCIAL STATEMENT ATTACHED OR WILL BE FORWARDED ON: _____ (TO BE KEPT IN STRICT CONFIDENCE)

BANK REFERENCE (GIVE YOUR PRIMARY BANK)

NAME _____ PHONE _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
BANK OFFICER _____ CHECKING ACCOUNT # _____

THE APPLICANT AND THE SIGNATORY FOR THE APPLICANT (APPLICANT) REPRESENT AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE CORRECT AND COMPLETE AND ACKNOWLEDGE THAT SUCH INFORMATION WILL BE RELIED UPON IN THE GRANTING OF CREDIT BY ADVANCED PRESSURE SERVICES (APS), AND REALIZE THAT ANY FAILURE TO COMPLETELY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED WILL CONSTITUTE A BREACH OF ANY AGREEMENT WHICH MAY BE ENTERED INTO WITH APS. APPLICANT UNDERSTANDS THAT PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE AND AGREES TO THESE TERMS. APPLICANT FURTHER AGREE THAT A SERVICE CHARGE OF 1-1/2% PER MONTH MAY BE CHARGED ON ALL OVERDUE ACCOUNTS. APPLICANT HEREBY AUTHORIZES APS TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO APPLICANT'S CREDIT AND FINANCIAL RESPONSIBILITY.

APPLICANT AGREES TO PAY ALL REASONABLE COSTS AND EXPENSES, INCLUDING LEGAL FEES INCURRED BY APS, SHOULD LEGAL RECOURSE BECOME NECESSARY IN COLLECTING ANY SUMS OWED BY APPLICANT TO ADVANCED PRESSURE SERVICES

FIRM NAME: _____

SIGNATURE: _____ TITLE: _____

SIGNATURE: _____ TITLE: _____

DATE: _____