HAMMONDS WATER TREATMENT SYSTEMS, INC.

APPLICATION FOR CREDIT

Name of Company _____ **Date** _____

Trade Name / dba _____

Street Address _____

Shipping Address _____

Fax No. _____ **Website** _____

Business Structure: ❑ Proprietorship ❑ Partnership ❑ Corporation ❑ Subsidiary

If subsidiary, parent company and location: _____

_____

Billing Address _____

Years in Business _____ **No. of Employees** _____ **Duns Number** _____

Annual Sales _____

Accounts Payable Contact _____

Title _____ **Phone** _____

Email _____

Credit Line Requested _____ **Expected Monthly Sales** _____

Bank _____ **Officer** _____

Bank Fax No. _____ **Account Number** _____

Retail Certificate No. _____

Name of Officers, Owners:

1. Name _____ **Title** _____

Home Address _____ **Phone** _____

2. Name _____ **Title** _____

Home Address _____ **Phone** _____

3. Name _____ **Title** _____

Home Address _____ **Phone** _____

4. Name _____ **Title** _____

Home Address _____ **Phone** _____

Please provide 4 major vendors or fax preprinted reference sheet.

Vendor Name _____ **Vendor Name** _____

Address _____ **Address** _____

Telephone _____ **Telephone** _____

Fax _____ **Fax** _____

Contact _____ **Contact** _____

Vendor Name _____ **Vendor Name** _____

Address _____ **Address** _____

Telephone _____ **Telephone** _____

Fax _____ **Fax** _____

Contact _____ **Contact** _____

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Credit Policy for Charge Accounts

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sale as stated on Hammonds Technical Services, Inc invoices. Should the undersigned not pay Hammonds Technical Services according to terms, it is understood that credit privileges may be withdrawn or terminated and deliveries upheld. In the event that Hammonds Technical Services, Inc. finds it necessary to collect an outstanding account, the undersigned agrees to pay all reasonable legal fees and expenses including, without limitation, any court costs or expenses arising in connection with same. Further, the undersigned agrees that delinquent accounts may be converted to a cash on delivery payment basis and, in the sole discretion of Hammonds Technical Services, Inc, may be subject to a service charge on past-due amounts equal to the lesser of 18 percent (18%) per annum or the maximum amount permitted by law. If a check is returned to Hammonds Technical Services, Inc., by the customer's bank for non-sufficient funds, a charge of $25.00 will be issued to the customer. The customer is required to replace the NSF check plus the $25.00 charge with cash or a certified check.

The above information, as well as that given on the reverse side, is warranted to be true. In support of this application, Hammonds Technical Services, Inc. is hereby authorized to obtain credit and/or financial information from the bank(s) and other credit reporting organizations and commercial firms with whom the undersigned have/has done business with. It is understood that any such credit and/or financial information will be full, true and complete disclosure in connection with the matters referred to in this application for credit and supporting documents. The undersigned have/has read and fully understands the above credit policy.

Firm Name_____

Authorized Signature_____

Title _____

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