



APPLICATION FOR CREDIT

APPLICATION MUST BE FILLED OUT COMPLETELY

Remit Payment:

United Water Inc.

12427 NE 117th Ave

Suite 105

Vancouver WA 98662

Phone 877.414.7873

Fax 877.669.1069

A/R E-mail office.unitedwaterinc@gmail.com

Amount of Credit Applied for _____ **Date** _____

D & B #(If Available) _____

Company Name _____

Trade Name (if other than above) _____ **Date established** _____

Street Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Telephone #(_____) _____ **Fax #**(_____) _____

Accounts Payable Contact _____

A/P Phone #(_____) _____ **A/P Fax #**(_____) _____

A/P Email Address _____ **Email for Invoices** _____

TYPE OF OWNERSHIP (Please Circle One) - Corporation Partnership Sole Proprietor

TAX STATUS (Please Circle One) - Taxable Exempt (If so, please attach Resale Certificate)

CORPORATE OFFICERS:

Name _____ **Title** _____

Name _____ **Title** _____

PARTNERSHIPS/SOLE PROPRIETORS:

Name _____ **SS #** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Name _____ **SS #** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

United Water Inc.

APPLICATION FOR CREDIT

BANK REFERENCES

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(____) _____ Fax(____) _____

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(____) _____ Fax(____) _____

TRADE REFERENCES

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(____) _____ Fax(____) _____

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(____) _____ Fax(____) _____

Name _____ Account # _____

Address _____ City _____ State _____ Zip _____

Contact _____ Phone(____) _____ Fax(____) _____

SIGNATURE OF APPLICANT _____ DATE _____

PLEASE PRINT

NAME _____ TITLE _____ COMPANY _____