



APPLICATION FOR CREDIT AUTHORIZATION AS
HALO WATER SYSTEMS DEALER | RESELLER

COMPANY: _____ DBA: _____

TYPE OF TERMS REQUESTED (NET 30, CREDIT CARD, COD) _____

PHONE #: _____ FAX #: _____

SHIPPING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ WEBSITE _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

ACCOUNTING CONTACT _____ PHONE#: _____ FAX#: _____

TYPE OF ENTITY

- CORPORATION
- LIMITED LIABILITY COMPANY
- PARTNERSHIP
- LIMITED PARTNERSHIP
- SOLE PROPRIETORSHIP

FEDERAL TAX ID: _____ RESALE #: _____

BUSINESS ESTABLISHED DATE: _____ # OF LOCATIONS _____ # OF SERVICE VEHICLES _____

FRANCHISES/OTHER BRANDS CARRIED _____

A. If Corporation please complete:

Corporate Legal Name: _____ State of Incorporation: _____

Parent Company _____

B. If Partnership or Sole Proprietorship please complete:

Owner/Partner's Name: _____ Social Security #: _____

Home Phone #: _____



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Home Address: _____

CITY STATE ZIP CODE

Partner's Name: Social Security #: _____

Home Phone #: _____

Home Address: _____

CITY STATE ZIP CODE

Has the company ever filed bankruptcy? Yes / No

Has any partner ever filed bankruptcy? Yes / No



C. If in business less than three (3) YEARS, PLEASE COMPLETE THE FOLLOWING:

Name of Previous Business, If Any: _____ State of Incorporation: _____

Address _____ City _____ State _____ Zip Code _____

D. BANK REFERENCES

Name: _____ Account #: _____

Address _____ City _____ State _____ Zip Code _____

CONTACT _____ PHONE#: _____ FAX#: _____

Name: _____ Account #: _____

Address _____ City _____ State _____ Zip Code _____

CONTACT _____ PHONE#: _____ FAX#: _____

E. TRADE REFERENCES

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Name: _____ Account #: _____

Address: _____ Telephone #: _____

Customer authorizes HALO Water Systems, LLC. or its agent to obtain an Experian Credit Report for the purpose of establishing, maintaining or enforcing a credit relationship. Upon approval of credit, I/We agree to pay our account according to the terms granted and I/We acknowledge that I/We have read and fully understand this application.

If credit is granted (I) (we) promise to pay bills when rendered. (I) (we) understand all invoices are payable 30 days from invoicing and that a service charge of 1 1/2% per month will be added to (my) (our) past due account. In the event payment is not made and (my) (our) account is referred to a collection agency, (I) (we) will pay reasonable attorney's fees from such action (I) (we) authorize the above listed Bank(s) and Trade References to release any credit or financial information that may be requested and further agree that if credit is granted, to comply with the above stated terms.

Name: _____ Signature: _____

Title: _____



Personal Guarantee (Partnership/Sole Proprietorship)

The undersigned guarantees fully, without reservation or offset, the [payment of any sums due from the above listed "Applicant" in the event said applicant fails to pay any such sum when and as due. The undersigned waives notice default and demand for payment and agrees to pay all expenses of collection, including reasonable attorney's fees and any applicable interest thereon. This guaranty shall be enforceable as to all. The undersigned hereby gives permission to use any tools necessary to determine credit worthiness.

Name: _____ Social Security #: _____

Signature: _____ Date: _____

Home Address: _____ Home Phone #: _____

CITY STATE ZIP CODE
