



CREDIT APPLICATION FORM

AQUACIDE COMPANY

1627 9th Street

PO Box 10748

White Bear Lake MN 55110-0748

DATE: / /

BILLING ADDRESS:

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

ACCTS PAYABLE CONTACT: _____

PHONE: () _____

SHIPPING ADDRESS:

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TRADE REFERENCES: (2)

CONTACT NAME: _____

PHONE: () _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

COMMENTS: _____

CONTACT NAME: _____

PHONE: () _____

COMPANY: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

COMMENTS: _____

BANK:

CONTACT NAME: _____

TITLE: _____

BANK NAME: _____

PHONE: () _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

NAME ON ACCOUNT: _____

COMMENTS: _____

LOCAL: 651-429-6742

WATS: 800-328-9350

FAX: 651-429-0563

*Shipping charges will be added to NET 30 accounts.