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Credit Application Form

Name of firm or Individual: _____

Address: _____

City _____ *State* _____ *Zip* _____ *Phone #:* _____

Fax #: _____ *Years in business:* _____

Ownership Information:

___ Corporation, ___ Incorporated within the past 12 months, ___ Partnership, ___ Individual

Name: _____

Address: _____ *City* _____ *State* _____ *Zip* _____

Finance:

Bank: _____ *Contact* _____

Address: _____ *City* _____ *State* _____ *Zip* _____

Phone #: _____ *Account #:* _____

Credit Amount Requested: (based on credit approval)

C.O.D. Up to \$500 \$1,000.00 \$1,500.00 other _____

Please base your credit request on the amount of goods you would like to purchase per month

References:

Name: _____ *Contact Name:* _____

Phone # _____ *Fax #* _____

Name: _____ *Contact Name:* _____

Phone # _____ *Fax #* _____

Name: _____ *Contact Name:* _____

Phone # _____ *Fax #* _____

We certify that all the information on this form is correct. We fully understand your credit terms and agree to the proper payment in consideration of extended credit.

The undersigned takes full personal responsibility for any material purchased under this account.

Signature _____ *Title:* _____ *Date:* _____ *SSN:* _____