SAFE WATER TECHNOLOGIES, INC.



CONFIDENTIAL CUSTOMER APPLICATION

Company Name:							
DBA (if any):	ny):			Phone: Fax:			
Federal I.D. Number	ederal I.D. Number			E-Mail:			
FEIN in the State of:				State Resale Number:			
Billing Address:				Shipping Address:			
O "C" Corporation O "S" Corporation O LLC O Partnership				O Other			
Name of Owner(s):							
President:				Purchasing Agent:			
Vice President:				Accounts Payable:			
Year Business Organi:	zed:	Was busi	ness started	by the a	bove officers or owners	? O Yes O No	
If no, how long present	t officers or owners ir	ontrol? O less t	han 2 years	O 2	to 5 years O over	5 years	
Bank Name:							
Bank Address:				Bank Representative:			
				Checking Account Number:			
Business Description	ı (Products and Servic	-pa).					
Dualileaa Deachpholi	TOURS STORES						
Industries Served:	O Aquaculture	O Manufacturing O Munic		ipal O Commercial		O Industrial	O Pharmaceutical
mode viile e e e veen	O Waste Water	O Residential	O Laboratory		O Remediation	O Government Orga	
	O Other						
Types of Customers:	O End Users	O Dealers	O Distributors		O Assemblers	O Manufacturers	O Installers/Contractors
Name (Print):					Title:		
Signature:					Date:		

