

SAFE WATER TECHNOLOGIES, INC.



CONFIDENTIAL CREDIT APPLICATION

Company Name: _____ Phone: _____ Fax: _____

DBA (if any): _____ E-Mail: _____

Federal I.D. Number _____ State Resale Number: _____

Billing Address: _____ Shipping Address: _____

Corporation Partnership Other _____

Name of Owner(s): _____

President: _____ Purchasing Agent: _____

Vice President: _____ Accounts Payable: _____

Year Business Organized: _____ Was business started by the above officers or owners? Yes No

If no, how long present officers or owners in control? less than 2 years 2 to 5 years over 5 years

Bank Name: _____

Bank Address: _____

Checking Account Number: _____ Bank Representative: _____

Credit References (major suppliers in USA, preferably in the water treatment industry):

1. Company Name: _____ Phone: _____ Fax: _____

Address: _____

2. Company Name: _____ Phone: _____ Fax: _____

Address: _____

3. Company Name: _____ Phone: _____ Fax: _____

Address: _____

I, hereby give this information for the purpose of obtaining credit and authorize the obtaining of information concerning any statement made herein.

Name (Print): _____ Title: _____

Signature: _____ Date: _____

