

# Business Application

Confidential Information

Your Federal ID #:

Non-Tax ID #

(Please attach a copy of tax exempt certificate)

## Premium Waters, Inc.

2100 Summer Street NE, #200

Minneapolis, MN 55413

(612) 379-3522

Fax: (612) 379-3518

John.hnath@premiumwaters.com

For the purpose of establishing credit with Premium Waters, Inc., I/We, the undersigned, warrant the financial information below to be true, correct and complete to the best of my/our knowledge, and hereby authorize any credit investigation needed for verification.

### COMPANY INFORMATION

NAME		BUSINESS TYPE: <input type="checkbox"/> SOLE <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORP <input type="checkbox"/> OTHER: _____	
DELIVERY ADDRESS		DATE BUSINESS STARTED	
BILLING (A/P) ADDRESS (if different from delivery address)		CITY/ST	ZIP
A/P CONTACT	A/P PHONE #	A/P FAX #	EMAIL
TYPE OF PAYMENT: <input type="checkbox"/> CHECK <input type="checkbox"/> CREDIT CARD (do not include your credit card # on this application)			

PURCHASE ORDER INFORMATION (PLEASE PROVIDE A COPY OF PO ON DATE OF INSTALLATION)

List three (3) vendor references with which you have maintained credit for a minimum of one (1) year

NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE (including area code)

### PWI TERMS

I UNDERSTAND that; 1) payment terms are **due upon receipt** of invoice/statement; 2) Seller reserves the right to access an interest charge of 1.25% per month on accounts past due and to collect all cost including a reasonable attorney's fee if the account must be placed for collection; 3) the right to withdraw this credit privilege at any time is reserved; 4) credit limits established hereunder shall be optional and are subject to revision, 5) all merchandise / services will be on a cash basis until credit is approved; 6) If a tax exempt certificate is not provided, your account will be charged sales tax.

**BY MEANS OF THE SIGNATURE BELOW**, I certify that I am authorized to apply for credit on behalf of the above named firm or corporation and that all stated information herein is true and accurate.

SIGNATURE:

TITLE:

DATE

**FORM MUST BE SIGNED OR WILL NOT BE ACCEPTED**

Email or Fax Back Information

**Attn: John Hnath**

Email: [john.hnath@premiumwaters.com](mailto:john.hnath@premiumwaters.com) Fax: (612) 379-3518