

New Customer Application

A. Buyer Name/Address

Last:	First:	Title:
Name of Business:		
Billing Address:		
Shipping Address:		
Main Phone #:	Main Fax #:	
Website: www.	E-mail:	

B. Company Information

In Business since:	Federal Employer Tax ID #:
Business Type:	Corporation Partnership Sole proprietorship
Trade Type:	Distributor OEM Dealer Retail Other
Industry Type:	Marine Outdoor Other:
List distributors you currently do business with:	

C. Payment Questions

Would you like to establish Net 30 open account? Please fill out below. If no, please proceed to Section D.

Principal responsible for Accounting			
Name:	Title:		
Email:	Phone:	(ext):	Fax:
Bank Reference			
Name:	Acct.#:		
Primary Contact:	Title:		
Email:	Fax:		
Trade Reference #1 (Factory direct relationships only, no distributors)			
Name:	Acct.#:		
Primary Contact:	Title:		
Email:	Fax:		
Trade Reference #2 (Factory direct relationships only, no distributors)			
Name:	Acct.#:		
Primary Contact:	Title:		
Email:	Fax:		

D. Credit Card Authorization

I, _____ representing _____, authorize Waterbrands LLC to charge our VISA AMX MC DISCOVER Other: _____
Authorized Signature of Credit Card Holder: _____
<i>*Please note: You will be contacted via phone once order is packed and ready to ship for your credit card detail. All credit card detail will be destroyed after the transaction is completed.</i>

Account cannot be established until Copy of Resale Tax certificate is submitted. Please send all orders to orders@waterbrands.com.

I represent the above information is true and correct: _____

Authorized Signature/Title

Date