

Credit Application

Corporate Office
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Newmarket, ON. L3Y 8W1
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Fax: (905) 830-0512
canadasales@goodwaterwarehouse.com

The Information provided is for the sole purpose of obtaining credit and/or account qualifications for Good Water Warehouse, Inc.

Company Name: _____
Contact Person: _____

Email: _____

BILLING ADDRESS:

Company Name: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone: _____
Fax: _____

SHIPPING ADDRESS:

Company Name: _____
Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____
Phone: _____
Fax: _____

Engaged in Business Selling: _____

Type Business: Sole Owner Partnership Corporation LLC Date Est: ____/____/____

California Resale Number (If applicable): _____

Business Bank Branch: _____ Account # _____

Contact Person: _____ Phone: _____

Address: _____ Fax: _____

City: _____ State/Province: _____ Zip: _____

TRADE REFERENCES:

Name: _____ Email: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Contact Person: _____

Name: _____ Email: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Contact Person: _____

Name: _____ Email: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Contact Person: _____

Authorized Signature: _____ Date: ____/____/____

In consideration of extending credit at my request, I (the undersigned) hereby personally guarantee *Good Water Warehouse, Inc.* payment of any obligation of *Company Name* and I hereby agree to bind myself for payment of any unpaid debt including finance charges, shipping & handling and collection costs and/or attorney fees whenever the above applicant shall default on same. It is understood that this guarantee shall be continuing and irrevocable for indebtedness of *Company Name*. I also acknowledge receipt of and agree to all "terms and conditions" of *Good Water Warehouse, Inc.* (page 7 of catalog).

Authorized Signature: _____ Date: ____/____/____

Print Name: _____ Title: _____ SSN: _____

CREDIT CARD AUTHORIZATION (OPTIONAL): I hereby authorize *Good Water Warehouse, Inc.* to charge the following credit card(s) for any amount that is above our credit limit and/or for any invoice that is past due.

Credit Card: Visa, Master, Am-Ex, Discover#: _____ - _____ - _____ Exp. Date: ____/____ CVC: _____

Print name: _____

Signature: _____ Date: ____/____/____