



Natural Purification Systems



HORNER EQUIPMENT



Please check proper box

APPLICATION FOR CREDIT ACCOUNT

APPLICATION FOR C.O.D. ACCOUNT

(Please complete all information so we may process your request as soon as possible)

New Customer Information Form

Date: _____

Company Name: _____

Type of Business: _____ Years in Business: _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Billing Address: (if different) _____

City: _____ State: _____ Zip code: _____

Phone #: _____ Fax #: _____ E-Mail: _____

State Occupational/Trade License #: _____

Photocopy Required/Please Attach

Any Special Billing Instructions? _____

Resale Tax No.: _____ Purchase Order Required [] Yes [] No
(Photocopy of Signed Annual Resale Certificate)

Method of Payment Check One: Check Credit Card: Visa MC

Your Accounts Payable Contact: _____ Phone #: _____

Other: _____

Is your company a [] Corporation? [] Partnership? [] Sole Proprietorship?

Names(s) of Principals(s):

1. _____ Title: _____ SS#: _____

Address: _____ Phone: _____

2. _____ Title: _____ SS#: _____

Address: _____ Phone: _____

3. _____ Title: _____ SS#: _____

Address: _____ Phone: _____

Authorization To Release Information

I/We authorize AQUACAL, AUTOPILOT, HORNERXPRESS, LO-CHLOR and/or HORNER EQUIPMENT to make whatever credit inquiries it deems necessary (individual and business) in connection with my business credit application. I authorize and instruct any person or consumer reporting agency to compile and furnish any information it may have or obtain in response to such credit inquiries.

Company Name

Individual's Signature

Individual's Signature

Individual's Name Printed

Individual's Name Printed

Social Security #

Social Security #

Date

Date

