



CREDIT APPLICATION TO:

**ALPHA WATER CONDITIONING
403 W. MAIN ST. P.O. BOX 403 FOUNTAIN CITY, INDIANA 47341
PHONE (765) 847-2561 FAX (765) 847-2027**

Company Name _____

Billing Address:
Street _____ City _____ State _____ Zip _____

Shipping Address:
Street _____ City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____ Email _____

Contact Person: Name _____ Title _____ Phone (____) _____

President's: Name _____ Phone (____) _____

Type of business _____ Date Established _____

Business type for Federal Form 1099 information:
Corporation ____ Partnership ____ Limited Liability Corporation ____
If one of the above is marked please write your Federal Tax ID # ____ - ____ - ____ - ____
State of incorporation _____ Year of incorporation _____
Individual/Sole Proprietorship, please write your social security # ____ - ____ - ____ - ____
Other, please specify _____

Dun & Bradstreet # _____

Sales tax exempt? Yes ___ No ___ If yes, please provide copy of your tax exempt certificate

Key Management Members and Owners	Titles	Percentage Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

APPLICANT'S AUTHORIZATION & AGREEMENT

In support of this application, R.D. Baker Enterprises, Inc., dba Alpha Water Conditioning, is hereby authorized by the credit applicant to obtain information from the credit applicant's banks and creditors with whom they do business. Upon acceptance of this application, the credit applicant agrees that all purchases from Alpha Water Conditioning shall be paid in full and in accordance with the terms of sale which are net 30 from the invoice date. The credit applicant understands that all orders are subject to the ongoing approval of Alpha Water Conditionings' credit department. Should Alpha Water Conditioning find it necessary to obtain assistance in collecting any past due balances, the credit applicant agrees to pay all past due, attorney and collection fees. The credit applicant agrees to pay interest on any past due balances at the maximum rate allowed by the state of Ohio.

The credit applicant agrees to inform Alpha Water Conditioning of any material negative change in the condition of their company and of any changes in the management or ownership and to update the information on this application when requested to do so.

Print Applicant's Name (must be an officer) _____

Applicant's (officer's) signature _____ Date signed _____

For Company (print company's name) _____

REQUEST FOR CREDIT INFORMATION

INFORMATION:

Estimated monthly purchases _____
Credit line requested _____
How often does your firm issue checks? _____
When does your firm issue checks? _____

BANK REFERENCE:

Bank Name _____
Street _____ City _____ State _____ Zip _____
Phone(____) _____ Fax(____) _____
Your bank officer's name _____
Your account number _____

FOUR TRADE REFERENCES (INCLUDING TWO MAJOR SUPPLIERS):

Company Name _____
Street _____ City _____ State _____ Zip _____
Phone(____) _____ Fax(____) _____
Contact's name _____

Company Name _____
Street _____ City _____ State _____ Zip _____
Phone(____) _____ Fax(____) _____
Contact's name _____

Company Name _____
Street _____ City _____ State _____ Zip _____
Phone(____) _____ Fax(____) _____
Contact's name _____

Company Name _____
Street _____ City _____ State _____ Zip _____
Phone(____) _____ Fax(____) _____
Contact's name _____

THANK YOU FOR COMPLETING THE APPLICATION. PLEASE FAX BOTH PAGES TO
ALPHA WATER CONDITIONING AT (765) 847-2027 OR MAIL TO:

P.O. Box 403
Fountain City, Indiana 47341
Attention: Controller