



# CUSTOMER APPLICATION

POOL WATER PRODUCTS - BRANCH \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

## COMPANY INFORMATION

PWP Account number \_\_\_\_\_

Exact Legal Name of Firm \_\_\_\_\_

DBA \_\_\_\_\_ E-mail address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Business phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Company is (check one):  Corporation  Sole proprietorship  Partnership  LLC  Other \_\_\_\_\_

Company Annual Sales \$ \_\_\_\_\_ Anticipated Monthly Purchases from  \$ \_\_\_\_\_

If company is a corporation, incorporated under the laws of (state) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Company is a subsidiary of (parent organization) \_\_\_\_\_

Date current business started \_\_\_\_/\_\_\_\_/\_\_\_\_ Date current business acquired \_\_\_\_/\_\_\_\_/\_\_\_\_

Contractors license type \_\_\_\_\_ License number \_\_\_\_\_

Bonding company \_\_\_\_\_ Bond number \_\_\_\_\_

Taxable  Resale  Resale No. \_\_\_\_\_ Federal Tax No. \_\_\_\_\_

Do you own or rent your place of business  Own  Rent

Type of business  Pool / Spa Service  Pool / Spa Construction  Pool Store  Spa Store  
 Electrician  Plumber  Plasterer  Other \_\_\_\_\_

If service - number of pools / spas on service \_\_\_\_\_

If construction - number of pools / spas built per year \_\_\_\_\_

Have you had an account with  under another name?  Yes  No If yes, give name, address, and dates below \_\_\_\_\_

## OWNERSHIP INFORMATION - MUST BE FULLY COMPLETED

Principal:  Married  Single

Name \_\_\_\_\_ Title \_\_\_\_\_

Percentage of ownership \_\_\_\_\_

Residence address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Social security number \_\_\_\_\_

Drivers license number \_\_\_\_\_

**INCLUDE A COPY OF OWNER'S VALID DRIVERS LICENSE.**

Do you own or rent your home:  Own  Rent

Previous address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Have you ever filed a business bankruptcy  Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

Have you ever filed a personal bankruptcy  Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

Principal:  Married  Single

Name \_\_\_\_\_ Title \_\_\_\_\_

Percentage of ownership \_\_\_\_\_

Residence address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_

Social security number \_\_\_\_\_

Drivers license number \_\_\_\_\_

**INCLUDE A COPY OF OWNER'S VALID DRIVERS LICENSE.**

Do you own or rent your home:  Own  Rent

Previous address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Have you ever filed a business bankruptcy  Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_


Have you ever filed a personal bankruptcy  Yes  No

When \_\_\_\_\_ Where \_\_\_\_\_

# POOL WATER PRODUCTS CUSTOMER CONDITIONS AND AGREEMENTS

I/We agree to inform Pool Water Products immediately upon any change of ownership, change of legal structure, change of name or type of business of the company.

I/We agree Pool Water Products retains ownership of all materials purchased until Pool Water Products is paid in full.

I/We agree all required notices are to be sent to Pool Water Products – 17872 Mitchell, Irvine, CA 92614 – or  current corporate office.

I/We agree to abide by the POOL WATER PRODUCTS CUSTOMER CONDITIONS AND AGREEMENTS.

X \_\_\_\_\_  
Company Name Signature Date

## BANK INFORMATION

Bank Reference: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Business Checking Account # \_\_\_\_\_ Personal Checking Account # \_\_\_\_\_  
Bank Contact \_\_\_\_\_ Personal Savings Account # \_\_\_\_\_

Bank Reference: Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Business Checking Account # \_\_\_\_\_ Personal Checking Account # \_\_\_\_\_  
Bank Contact \_\_\_\_\_ Personal Savings Account # \_\_\_\_\_

I HEREBY AUTHORIZE MY BANK TO RELEASE ALL INFORMATION REQUESTED BY POOL WATER PRODUCTS.

X \_\_\_\_\_  
Company Name Signature Date

## PERSONAL GUARANTEE - FOR CHECK ACCEPTANCE - (MUST BE SIGNED)

PLEASE CHECK BOX IF YOU WANT PWP TO ACCEPT CHECKS FOR PAYMENT.

MAXIMUM CHECK AMOUNT REQUESTED \$ \_\_\_\_\_

I/WE \_\_\_\_\_  
Print Full Name Print Full Name

personally guarantees the payment of any dishonored checks and all collection costs, attorney fees, court costs, and all other costs and expenses which are incurred by seller to enforce payment of any dishonored checks. I authorize Pool Water Products to verify the information provided and gather whatever credit history it considers necessary and appropriate, including but not limited to obtaining a credit report on the company owners, partners, members, or guarantors.

X \_\_\_\_\_  
Personal Guarantor Signature Date Personal Guarantor Signature Date

For Company Use Only

Manager's approval to sell cash only \_\_\_\_\_ Date \_\_\_\_\_

Manager's disapproval to sell cash only \_\_\_\_\_ Date \_\_\_\_\_

Corporate's approval to accept checks for payment \_\_\_\_\_ Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Corporate's approval to accept checks for payment \_\_\_\_\_ Date \_\_\_\_\_