

PURCHASER INFORMATION

Your Company Name _____

Your Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone # _____ Cell Phone # _____ Fax # _____

E-mail Address: _____

Website: _____

Shipping Address _____

City _____ State _____ Zip _____

Type of Business: (circle all that apply)

Dealer

Builder

Service

Pool

Spa

Installer

Store

Commercial

Residential

APSP: Member

Non-Member

How long have you been in business? _____

Accounts Payable Contact: _____ Email: _____

Purchasing Contact: _____ Email: _____

Do you require Purchase Order Numbers on orders? _____

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Resale / Exempt Certificate (if applicable)
2. Business License
3. Swimming Pool License

BRIEFLY DESCRIBE YOUR BUSINESS: _____

Signature: _____ Date: _____

CREDIT / DEBIT ATM CARD AUTHORIZATION FORM

Please fill out this form if you would like us to note your account as a "credit card" account. Each time you place an order we will run your credit card for payment. You can also use this form if you would like to use a credit card for a single purchase. If you would like your account to be set up this way, we will need to get the following information. **Please print clearly.**

Please provide a clear copy of credit card FRONT and BACK and copy of driver's license. This form can be mailed or faxed back to us.

Bel-Aqua Customer # (if applicable) _____
Customer Name _____
Address _____
City _____ State _____ Zip _____
Telephone# _____ Fax# _____

CREDIT CARD INFORMATION

Name on Card _____
Card# _____
Authorization Code# _____ (after Credit Card number on back of card)
Expiration Date _____
Check One: ___ VISA Credit Card ___ Mastercard Credit Card ___ AMEX
 ___ VISA Debit ATM Card ___ Mastercard Debit ATM Card ___ Discover
Billing Address of Credit Card:
Address _____
City _____ State _____ Zip _____
Driver's License ID# and State _____

To Whom It May Concern:

By this letter or facsimile, I am authorizing Bel-Aqua Pool Supply Inc. to charge my credit card listed above for:

Single Purchase _____ Blanket Purchases _____

Authorized Signature _____

Print Name _____ Date _____

LIST 3 TRADE REFERENCES (required for credit)**Reference #1** Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax # _____

Reference #2 Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax # _____

Reference #3 Company Name _____

Address _____

City _____ State _____ Zip _____

Telephone# _____ Fax # _____

PURCHASER'S BANKING INFORMATION

Principal _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Your Company Bank _____ Bank Phone _____

Bank Address _____

City _____ State _____ Zip _____

Signature: _____ Date: _____

SIGNATURES

I, the undersigned, hereby assume all responsibility personally for any debts incurred by _____ (**Your Company Name**) to Bel-Aqua Pool Supply, Inc., for merchandise purchased by me or anyone representing my firm.

The undersigned also agrees to abide by Bel-Aqua Pool Supply, Inc. policies, procedures, and payment terms.

It is understood that a late payment charge of 1-1/2% per month will be assessed against balances outstanding over thirty days. The undersigned agrees to pay such late charges, if incurred.

The undersigned further agrees to pay all costs of collection or costs of attempting to collect delinquent payments, including reasonable attorney fees, filing fees, court costs, etc.

Your Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone Number _____ Date _____

SS# _____ Date of Birth _____

Your Signature _____

Witness Signature _____

Date _____

AUTHORIZATION TO OBTAIN CREDIT REPORT

I authorize Bel-Aqua Pool Supply Inc. or its agents to obtain a credit report on the business and/or the responsible individuals.

I further authorize & permit Bel Aqua or its agents to obtain updated information annually and on future occasions for collection purposes should that be deemed necessary.

Upon my request, the above party or its agents will provide me with the name & address of the Reporting Agency contacted to supply the report. I understand that the credit inquiries have the potential to impact my credit score.

Signature

Date

Printed Name

Social Security number

Additional Party:

Signature

Date

Printed Name

Social Security number