Business Application

Confidential Information

**Premium Waters
Custom Label**
720 29th Ave SE
Suite A
Minneapolis, MN 55414
(612) 379-4141
Fax: (612) 379-3518

For the purpose of establishing credit with Premium Waters, Inc., I/We, the undersigned, warrant the financial information below to be true, correct and complete to the best of my/our knowledge, and hereby authorize any credit investigation needed for verification.

COMPANY INFORMATION

NAME	BUSINESS TYPE: ☐ SOLE ☐ PARTNERSHIP ☐ CORP ☐ OTHER: _____		
DELIVERY ADDRESS	DATE BUSINESS STARTED		
BILLING (A/P) ADDRESS (if different from delivery address)	CITY/ST		ZIP
A/P CONTACT	A/P PHONE #	A/P FAX #	EMAIL
TYPE OF PAYMENT: ☐ CHECK ☐ CREDIT CARD (do not include your credit card # on this application)			

PURCHASE ORDER INFORMATION (PLEASE PROVIDE A COPY OF PO ON DATE OF INSTALLATION)

List three (3) vendor references with which you have maintained credit for a minimum of one (1) year

NAME & ADDRESS	ACCOUNT NUMBER	TELEPHONE (including area code)

PWI TERMS

I UNDERSTAND that; **1**) payment terms are **due upon receipt** of invoice/statement; **2**) Seller reserves the right to access an interest charge of 1.25% per month on accounts past due and to collect all cost including a reasonable attorney's fee if the account must be placed for collection; **3)** the right to withdraw this credit privilege at any time is reserved; **4**) credit limits established hereunder shall be optional and are subject to revision, **5)** all merchandise / services will be on a cash basis until credit is approved; 6) If a tax exempt certificate is not provided, your account will be charged sales tax.
BY MEANS OF THE SIGNATURE BELOW, I certify that I am authorized to apply for credit on behalf of the above named firm or corporation and that all stated information herein is true and accurate.

SIGNATURE: _____   TITLE: _____   DATE _____

FORM MUST BE SIGNED OR WILL NOT BE ACCEPTED

Email Back Information to:
custom.label@premiumwaters.com