Water Systems Engineering, Inc. CUSTOMER APPLICATION FORM

	••••						
APPLICANT INFORMATION							
Company Legal Name:							
Physical Address:							
Mailing Address:							
City:	State:		Zip:		Country	:	
Phone:	Fax:		Web sit	:e:			
Business Type: Corp Partnership	Lim	ited Liability	Sol	e Proprietor	Other (*	
*Specify:							
Year Founded: Country of Format	ion:		State/I	Province of Format	ion:		
Federal ID #:							
Do you require a W-9: Yes () No () Contact Name:							
Fax # E-mail address:							
Type of Service Requested: Laboratory (Products)*							
*Sales Tax Exempt: Yes (No () Tax exemption is based on shipping destination. Please attach tax exemption(s) certificates for all states							
	destina	tion. Please	attach ta	x exemption(s)	certificates	s for all states	
Contact Name: Address:							
Auuress.							
	1						
Phone:	Fax:						
E-Mail:							
CONTRACT INFORMATION							
Do you require a Contract or Agreement for Services: Yes No							
Contact Person:							
Address:							
City:	State:		Zip:				
Phone:	Fax:						
E-mail:							
Do you require Certificates of Insurance:	Yes (No (
If yes, please attach requirements							
All Contracts/Agreements and Certificat							
submitted to our laboratory. Most importantly, please make sure your employees are aware of these requirements before samples are submitted to our laboratory. Additional fees may be charged for these services.							
BILLING INFORMATION							
Billing Name:							
Contact Name:							
Address:							
	CLAR						
City:	State:	F av.	Zip:				
Phone:		Fax:					
E-mail:							
	<u>,</u> .		_				
Do you require Purchase Order Numbers:	Yes (No (-		
Services: Purchase Orders must be received before any laboratory work will be initiated.							
Products: Purchase Orders must be rece	rived bei	Fore shipment	of any p	roducts.			

Water Systems Engineering, Inc. CUSTOMER APPLICATION FORM

CREDIT REFERENCES						
Name:	Ac	count #				
Address:						
Phone:	Contact Name:					
Name:	Ac	count #				
Address:						
Phone	Contact Name:					
Name:	e: Account #					
Address:						
Phone:	Contact Name:					
BANKING INFORMATION						
Bank Name:						
Account Number:						
Phone #:						
Contact Name:						
At this time we do not participate in ACH payments; We do accept Company Checks; We also accept M/C, VISA, & Discover cards for laboratory services only.						
TERMS						
Water Systems Engineering, Inc. provides services/products in exchange for payment in US dollars. Payment terms are 30 days from invoice date. Payment is expected at the company's invoice address within 30 days of the invoice date. Advance payment or any other method of payment may be required depending receipt and review of customer's credit application. It is understood and agreed that once Water Systems Engineering, Inc. has approved the credit application, payment will be tendered according to the assigned credit terms. Water Systems Engineering, Inc. may take action required in case of failure to make payment as agreed. This may include, but is not limited to, use of outside agencies or attorneys. Costs and fees incurred by outside service agencies or attorneys will be an additional liability on the part of the debtor organization.						
Sole Proprietorships, Partnerships, Joint Ventures, Personally Held Corporations. I (We) agree that the Sole Proprietorships, Partnership, Joint Venture, or Personally Held Corporation indicated below will pay all invoices in accordance with agreed terms. All signatures for this organization agree, in the event of the failure of the organization to pay invoices as rendered, to personally reimburse the Company for all liabilities incurred.						
	T					
Name (Please print):		Title:				
	T					
Signature:		Date:				

**Please return this form and any attachments (sales tax exemption certificate/certificates, contracts/service agreements, and requests for certificates of insurance to Attn: AP via fax 785-242-9411 or e-mail: <u>ap@h2osystems.com</u> **

WATER SYSTEMS ENGINEERING, INC. - PO BOX 700 - OTTAWA, KS 66067-0700