

# GROUND WATER SYSTEMS, INC.



## CREDIT APPLICATION

### CONTACT INFORMATION

COMPANY NAME:
ADDRESS:
PHONE NUMBER:
FAX NUMBER:
EMAIL ADDRESS:

### CONTACT PERSONS

OWNER NAME:
ACCOUNTS PAYABLE NAME:
PURCHASING AGENT NAME:

### BUSINESS INFORMATION

TYPE OF BUSINESS:
NUMBER OF YEARS IN PRESENT BUSINESS:
DO YOU REQUIRE PURCHASE ORDERS?

### BANK REFERENCE

BUSINESS BANK:
BRANCH ADDRESS:
BANK CONTACT PERSON:
BANK FAX NUMBER:

### TRADE REFERENCES

NAME: ADDRESS: PHONE: FAX:	NAME: ADDRESS: PHONE: FAX:
NAME: ADDRESS: PHONE: FAX:	NAME: ADDRESS: PHONE: FAX:

### TAX INFORMATION

COUNTY:
TAX EXEMPT? Please include Resale Tax Exemption Form

### BILLING PREFERENCES

BILL ME VIA: (circle one) MAIL                      FAX                      EMAIL	BILL ME: (circle one) DAILY                      WEEKLY                      MONTHLY
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AUTHORIZED SIGNATURE: \_\_\_\_\_

RETURN TO: [Sales@GroundWaterSystemsinc.com](mailto:Sales@GroundWaterSystemsinc.com) or 585-657-5437 (FAX)  
**FOR NEW YORK AND PENNSYLVANIA ONLY**  
*(IF YOU ARE FROM OUTSIDE OF THIS AREA, PLEASE CALL 585-657-6140 FOR ASSISTANCE)*