

NEW ACCOUNT APPLICATION

Your Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone# _____ Cell Phone# _____

Type of Business: Dealer__ Builder__ Service__ Pool__ Spa__ Installer__ Store__

Commercial__ Residential__ **N.S.P.I.:** Member__ Non-Member__

How Long in Business _____ Fax # _____

E-mail Address: _____

Do you require Purchase Order Numbers on orders? _____

Shipping Address _____

City _____ State _____ Zip _____ Telephone# _____

PLEASE INCLUDE A COPY OF THE FOLLOWING:

- 1. Resale Certificate (if applicable)
- 2. Business License

BRIEFLY DESCRIBE YOUR BUSINESS: _____

PLEASE LIST 3 TRADE REFERENCES

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# _____

ESSENTIAL INFORMATION

Your Name _____ Home Phone _____

Home Address _____

City _____ State _____ Zip _____

Your Company Bank _____ Bank Phone _____

Bank Address _____

City _____ State _____ Zip _____

Date _____ Your Signature _____

I, the undersigned, hereby assume all responsibility personally for any debts.

Incurred by _____ to Bel-Aqua Pool Supply, Inc.,
(Your Company Name)

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 Code _____

Home Phone Number _____ Date _____

SS# _____ Date of Birth _____

Your Signature _____

Witness 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 _____