

CREDIT APPLICATION AND AGREEMENT

Name of Business \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Form of Business: Corporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

Sole Proprietorship \_\_\_\_\_ Date Started \_\_\_\_\_

Partnership \_\_\_\_\_ Date Started \_\_\_\_\_

Tax Exempt? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please provide exemption certificate)

IRS Identification # \_\_\_\_\_ State Tax # \_\_\_\_\_

Names of All Owners, Partners, or Officers                      SS#                      Residence Address, City, State, Telephone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Business Banking Information:

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Officer \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Account # \_\_\_\_\_

A

Trade or Credit References:

Name                      Address                      City                      State                      Zip                      Fax #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you currently named as a Defendant in a Judgment? \_\_\_\_\_ If yes, please explain. \_\_\_\_\_

Please take note that an open credit account cannot, and, will not be opened, unless the information requested above is complete. Our terms are Net 30 days only. Your signatures below verify you are in agreement with our terms. Upon completion of this form and by signing below, please mail or fax to the numbers below.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

CLEARWATER TECHNOLOGIES INC.  
1025 EXCHANGE STREET  
BOISE ID 83716  
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EMAIL INFO@CTIAUTOMATION.NET