

☐ Cash Account ☐ Credit Account

Legal Name: _____
Operating Name (if applicable): _____
Mailing Address: _____
City: _____ State: _____ ZIP Code: _____
Phone: _____ Cell: _____ Fax: _____ Credit Limited Requested: _____
Tax ID/SSN: _____ Website: _____
Accounts Payable Contact: _____ Email: _____
Does your company use purchase orders? ☐ Yes ☐ No Who has purchasing authority? _____
Resale Certificate No. (attach certificate): _____
Contractor's License No.: _____ State of Issue: _____ Issue Date: _____
Classification: _____ Expiry Date: _____
Electronic Invoice / Statement? ☐ Yes ☐ No Email: _____

Please check the appropriate box:

- ☐ **PROPRIETORSHIP:** Complete all of Parts 2 and 3 and **include a copy of a valid driver's license.**
☐ **PARTNERSHIP:** Complete a separate application for each partner and **include a copy of a valid driver's license.**
☐ **CORPORATION/LLC:** Complete all of Parts 1 and 3. **If company is less than 2 years old, a copy of your business license is required.**
☐ **DBE, DVBE, MBE OR WBE:** If checked, state classification: _____
Are any of the owners/officers now or in the past 7 years been in bankruptcy proceedings? ☐ Yes ☐ No

1	Date Incorporated:	How long in business under present name?	Premises are: <input type="checkbox"/> Owned <input type="checkbox"/> Leased	How long at address?
	Principal Name (1):	Home Address:	Title:	Years:
	Principal Name (2):	Home Address:	Title:	Years:
	Principal Name (3):	Home Address:	Title:	Years:
	Type of Business:	What will materials be used for?	Name of Parent/Affiliated Company:	

2	<input type="checkbox"/> Home Owner <input type="checkbox"/> Renting	How long at address?	Premises are: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
	Driver's License No.:	Applicant's Date of Birth (MM/DD/YYYY):	

3	Name of Bank 1:	Branch:	Phone:	Account No.:	Line of Credit/Mortgage:
	Name of Bank 2:	Branch:	Phone:	Account No.:	Line of Credit/Mortgage:
	Trade Reference – Name:		Email:	Fax:	
	Trade Reference – Name:		Email:	Fax:	
	Trade Reference – Name:		Email:	Fax:	

THE APPLICANT AFFIRMS THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE. THE APPLICANT UNDERSTANDS AND AGREES THAT ALL ACCOUNTS MUST BE PAID IN FULL WITHIN 30 DAYS OF THE INVOICE DATE (UNLESS OTHERWISE AGREED BY ICONIX WATERWORKS IN WRITING) WITH INTEREST ON OVERDUE ACCOUNTS AT THE RATE STIPULATED ON THE INVOICE OR, IF NO RATE IS STIPULATED, AT A RATE EQUAL TO THE LESSER OF 24% PER ANNUM (CALCULATED AND COMPOUNDED MONTHLY) AND THE MAXIMUM LEGAL INTEREST RATE ALLOWABLE. IN ADDITION, APPLICANT AGREES TO PAY ALL COSTS OF COLLECTION ON OVERDUE ACCOUNTS INCURRED BY ICONIX WATERWORKS, INCLUDING REASONABLE ATTORNEY'S FEES, COURT COSTS AND OTHER EXPENSES. THESE TERMS GOVERN ALL PAYMENT TERMS ON FUTURE PURCHASE ORDERS.

THE APPLICANT ACKNOWLEDGES AND AGREES THAT ICONIX WATERWORKS MAY OBTAIN ANY BACKGROUND INFORMATION ABOUT THE APPLICANT THAT ICONIX WATERWORKS DEEMS NECESSARY, INCLUDING, BUT NOT LIMITED TO, BUSINESS CREDIT REPORTS AND INFORMATION FROM THE APPLICANT'S OTHER CREDITORS, AND THAT ICONIX WATERWORKS MAY AT ANY TIME DISCLOSE INFORMATION ABOUT ITS CREDIT EXPERIENCE WITH THE APPLICANT TO THIRD PARTIES.

THE APPLICANT HEREBY AUTHORIZES ICONIX TO OBTAIN A CREDIT REPORT ON THE APPLICANT, AT ANY TIME AND FROM TIME TO TIME, FROM ANY NATIONAL CONSUMER REPORTING AGENCY, AND ACKNOWLEDGES AND AGREES THAT ICONIX WATERWORKS MAY TAKE ACTION BASED ON SUCH REPORTS (INCLUDING DENYING OR DISCONTINUING CREDIT TO THE APPLICANT).

ALL GOODS AND SERVICES PROVIDED BY ICONIX WILL BE SUBJECT TO ICONIX'S TERMS AND CONDITIONS WHICH SUPERSEDE AND TAKE PRECEDENCE OVER ANY OTHER TERMS AND CONDITIONS. THE ICONIX SALE TERMS AND CONDITIONS ARE AVAILABLE ON REQUEST OR ONLINE AT ICONIXWWW.COM/UNITED-STATES/TERMS-AND-CONDITIONS-OF-SALE/

Date	Authorized Signatory	Printed Name	Position
INTERNAL USE: SP:	TY:	IT:	CN:
CP (Y/N):	RCC:		