



Questions?
Call (805) 524-5600

Rev. 10/02

APPLICATION FOR CREDIT

To apply for **Net 30 Day** payment terms with Rock & Water Creations, Inc., please fax this completed form to (805) 524-7339. Unless we call to say differently, consider our receipt of this application as approval of your request.

Date: _____ Name of Business: _____

Your Name: _____ Title: _____

Your E-mail Address: _____

Business Phone: () _____ Business Fax: () _____

Type of Business: Sole Proprietorship LLC Partnership (Ordinary/Limited)
 Corporation (Tax ID# _____)

Billing Street Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Shipping Street Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Describe Nature of Business: _____

Years in Business: _____ Years at Present Location: _____ Location: Owned Rented Leased

Number of Locations: _____ Number of Employees: _____ **Resale Number:** _____

Banking Reference

Name of Bank: _____

Contact Name: _____ Phone: () _____

Mailing Address: _____ City: _____

State/Province: _____ Country: _____ Zip/Postal Code: _____

Checking Acct.# _____ Savings Deposit Acct.# _____

Credit Card On File

Besides the above information, we require that all customers desiring to establish Net 30 Day payment terms with Rock & Water Creations, Inc. (the Company) must also have on file with us a business or personal credit card. By completing and signing this form, you authorize the Company to charge the credit card below for the full amount of any balance remaining unpaid after 45 days from the invoice date.

Card Type: VISA Mastercard Discover AMEX Card Expiration Date: Month ____ Year ____

Card Number: _____

Cardholder's Name: _____

Signature: _____ Date: _____

As an authorized representative of the above mentioned business, I hereby give permission for the Company to contact our bank to verify our credit standing. In addition, I agree that the Company may charge the above credit card for the full amount of any unpaid invoices (as well as a \$29 late payment fee) after 45 days from the invoice date. Furthermore, I acknowledge that if it becomes necessary for the Company to either bring legal suit or employ a collection agency to aid in the recovery of any debt owed, the Company shall be entitled to recover, in addition to the amount of the debt due, all of its costs and attorney fees.

Authorized Signature: _____ Date: _____

Print Name and Title: _____