

# H2O LOGISTICS

## Credit Application

Please complete the information below or attach Company credit information sheet.

### Company Information

Company Name: \_\_\_\_\_ D&B#: \_\_\_\_\_ Date: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Check One:  Corporation  Sole Proprietorship  Partnership

Federal Tax ID Number (for Corporation) or Social Security Number: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Corporate President/Partner: \_\_\_\_\_ S/S#: \_\_\_\_\_

Corporate Secretary/Partner: \_\_\_\_\_ S/S#: \_\_\_\_\_

Corporate Treasurer/Partner: \_\_\_\_\_ S/S#: \_\_\_\_\_

### Bank Reference

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Acct. #: \_\_\_\_\_ Acct. #: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Credit Reference

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Title: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Title: \_\_\_\_\_

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Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_ Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Title: \_\_\_\_\_