



CREDIT APPLICATION

Thank you for your interest in working with Spectrum Aquatics. Please take a moment to fill out this form in its entirety. Once you have completed the form, you can send it via email to: accounting@spectrumproducts.com or fax: 423.425.3170, along with a copy of your W-9 and Sales Tax Resale or Exemption Certificate.

Please note our updated credit policy only allows us to extend credit to customers who anticipate annual spending of more than \$15,000 USD.

General Company Information

Firm or Business name*

Doing Business As (DBA)

Billing Address*

Phone Number*

D-U-N-S Number*

Ownership Type*

Federal Tax ID or Social Security Number*

Proprietorship

Partnership

Incorporated

State of Incorporation

Company Established Year*

Accounts Payable Contact Information

AP Contact Name*

AP Contact Email*

How would you like to receive your invoices?

Email

Regular Mail

Both Email and Regular Mail

Credit Information

Maximum Credit Desired (USD)*

Estimated Yearly Purchases (USD)*

Bank Reference

Name of Bank

Contact Name

Account Number

Phone Number

Fax Number

Bank Email

I hereby authorize the banking institution listed in this credit application to disclose any information that is requested by Spectrum Aquatics in regard to accounts held with you. I am an authorized signer on this account.

Credit References

Reference 1 - Company name

Reference 1 - Address

Reference 1 - Contact name

Reference 1 - Phone

Reference 1 - Email

Reference 2 - Company name

Reference 2 - Address

Reference 2 - Contact name

Reference 2 - Phone

Reference 2 - Email

Reference 3 - Company name

Reference 3 - Address

Reference 3 - Contact name

Reference 3 - Phone

Reference 3 - Email