

1061 Triad Court • Suite 3 • Marietta, Georgia 30062-2262

Date: _____ Company Name: _____

Billing Street Address: _____

City: _____ State: _____ ZIP Code: _____

Ship to Street Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Accounts Payable Contact Person: _____

Accounts Payable Contact Phone Number: _____

Corporation Proprietorship Partnership Date Established: _____

Type of Business: _____

Federal Tax ID No.: _____ Sales Tax Exemption No: _____

President/Owner: _____ Home Phone No.: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Bank Name: _____ Account Number: _____

Bank Address: _____

City: _____ State: _____ ZIP Code: _____

Bank Officer's Name: _____ Phone No.: _____

Please give three COMMERCIAL REFERENCES

Name: _____ Account #: _____ Phone No.: _____

Address: _____ City: _____ State: _____ ZIP: _____

Name: _____ Account #: _____ Phone No.: _____

Address: _____ City: _____ State: _____ ZIP: _____

Name: _____ Account #: _____ Phone No.: _____

Address: _____ City: _____ State: _____ ZIP: _____

I hereby give this information for the purpose of obtaining credit from PureFilter.net and authorize them to make inquiries and to obtain any information concerning accounts listed herein.

Authorized Signature: _____ Date: _____

Please fill out this application and fax it to us along with your order (minimum \$500 for credit consideration).