



Application For Credit

SUPERSEDES:
NONE

FORM NO:
M11AC-CREDIT0509

Legal Company Name

Mailing Address

Street Address

Type of Business Corporation Partnership Sole Proprietorship Other _____

Telephone Number

Fax Number

Principals / Owners

Full Name Position

Full Name Position

Full Name Position

Bank Reference

Bank

Address

Account Number

Telephone Number

Fax Number

Trade References

Name

Address

Telephone Number

Fax Number

Name

Address

Telephone Number

Fax Number

Name

Address

Telephone Number

Fax Number

I hereby certify the above information to be correct and supplied on my behalf or on behalf of the organization named above intending that PoolPak Technologies Corporation shall rely on it in considering this application for credit in respect of goods or services to be supplied. PoolPak Technologies Corporation may request an updated credit application if needed. Permission is hereby granted to discuss the organization account with the bank and trade sources before credit is approved.

Authorized Signature

Print Name

Title

Date