



Presented by Triple Ventures, LLC



## Credit Application

### Business Contact Information

Title:

Company Name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

ZIP:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

### Business and Credit Information

Primary business address:

City:

State:

ZIP:

How long at current address?

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

City:

State:

ZIP:

Phone:

Type of account

Account number

Savings

Checking

Other

### Business and/or trade references

Company name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

ZIP:

Phone:

Fax:

E-mail:

Type of account:

### Agreement

1. All invoices are to be paid within terms given from the date of the invoice.
2. Claims arising from invoices must be made with 7 working days.
3. By submitting this application you authorize Triple Ventures to make inquiries to the banking, savings, business, and/or trade references you have supplied.

### Signatures

Title:

Date:

Title:

Date:

[www.fruitwaveh2o.com](http://www.fruitwaveh2o.com)

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