

CREDIT APPLICATION

This application and financial information supplied are only for the use by Evoqua Water Technologies LLC Credit Department in the extension of open credit terms and will be held strictly confidential.

BUSINESS CONTACT INFORMATION

Company name (full legal name):			
Subsidiary or Division of:			
Primary business address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	

BUSINESS AND CREDIT INFORMATION

Date Business Started:	Years at Address:
Tax Exemption Number (please enclose a copy of certificate):	
D-U-N-S Number:	
Business Type:	Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Municipality <input type="checkbox"/> Other <input type="checkbox"/> ;

Credit Limit Requested: \$

Corporate Headquarters Address (if different from above listed):

City:	State:	ZIP Code:
Name of Principals		Title (please include Chief Financial Officer)
1.		
2.		
3.		

FINANCIAL DATA

In order to facilitate the credit approval process, audited financial statements, (balance sheet and income statement), are preferred along with this application for open credit terms.

Documents Attached:

<input type="checkbox"/> State of Financial Condition	Dated:
<input type="checkbox"/> Statement of Profit & Loss	Dated:
<input type="checkbox"/> Interim Statements (if more than six month since fiscal year end)	Dated:
<input type="checkbox"/> If above data is not presently available, please advise data to be forwarded.	Date:

BANK REFERENCES

1. Bank Name:

Street Address:			
City:	State:	ZIP Code:	
Contact Name:		Contact Title:	
Phone:	Fax:	E-mail:	
Savings: <input type="checkbox"/>	Account Number:	Loan: <input type="checkbox"/>	Account Number:
Checking: <input type="checkbox"/>	Account Number:	Other: <input type="checkbox"/>	Account Number:

2. Bank Name:

Street Address:			
City:	State:	ZIP Code:	
Contact Name:		Contact Title:	
Phone:	Fax:	E-mail:	
Savings: <input type="checkbox"/>	Account Number:	Loan: <input type="checkbox"/>	Account Number:
Checking: <input type="checkbox"/>	Account Number:	Other: <input type="checkbox"/>	Account Number:

BUSINESS/TRADE REFERENCES

Company name:										
Street Address:										
City:	State:	ZIP Code:								
Contact Name:		Contact Title:								
Phone:	Fax:	E-mail:								
Type of account:										
Company name:										
Street Address:										
City:	State:	ZIP Code:								
Contact Name:		Contact Title:								
Phone:	Fax:	E-mail:								
Type of account:										
Company name:										
Street Address:										
City:	State:	ZIP Code:								
Contact Name:		Contact Title:								
Phone:	Fax:	E-mail:								
Type of account:										
COMMENTS										
AGREEMENT										
<p>We/I certify that statements made in this application are correct to the best of our knowledge. We understand that Evoqua Water Technologies LLC will retain this application whether or not it is approved. We hereby authorize Evoqua Water Technologies LLC to check our credit history with any or all the references provided. We further authorize representatives from provided references, to release all credit history information and to answer questions about our credit experience. All information released to Evoqua Water Technologies LLC will be held in the strictest confidence.</p>										
<p>Please e-mail or fax completed form to: (To be completed by your EWT LLC representative)</p>		Title:								
<table border="1"> <tr> <td>EWT LLC Contact:</td> <td>Branch#</td> </tr> <tr> <td>Phone:</td> <td></td> </tr> <tr> <td>Fax:</td> <td></td> </tr> <tr> <td>E-mail:</td> <td></td> </tr> </table>		EWT LLC Contact:	Branch#	Phone:		Fax:		E-mail:		Name:
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