

CREDIT APPLICATION

THE POOL SHOWER, INC.
P. O. BOX 1850 - ZIP: 30132
80 MIDLAND OVERLOOK
DALLAS, GA 30157

ATLANTA AREA: 678-363-3939
E-MAIL: SHOWER1@COMCAST.COM
1-866-SHOWER1 (746-9371)
WWW.POOLSHOWER.COM

Fax the completed information to 678-363-8391.

Date: _____

Company Name: _____

Billing Address: _____

Street: _____ City: _____ Province / State _____

Country: _____ Postal / Zip Code: _____

Shipping Address (if different) _____

Phone: (____) _____ Fax: (____) _____ Mobile (____) _____

Company Web Site: _____ Email Address: _____

Accounts Payable Contact: _____ Accounts Payable Phone (____) _____

Type of Business: _____ Years in Business: _____

Applicant's Name _____ Position: _____

Corporation Partnership Proprietorship Other _____ Number of Employees: _____

FIN# ____ - _____ Number of years in business _____ Number of branches _____

(Please attach addresses and name of manager for each branch location.)

Ownership

List names of all principals:

Title:

Are company Purchase Orders required? Yes No

Bank Information

Name / Branch: _____

Mailing Address: _____ City/State _____ Zip Code _____

Account Number: _____ Phone: (____) _____

Credit References (Please list 3 firms by whom you have been granted credit.)

Company Name	Contact Person	Address	Phone#

Upon completion of this application and approval by The Pool Shower, Inc., an account will be arranged. Our account terms are Net 30 days unless other arrangements are agreed upon by both parties. Invoices not paid within the terms will require full payment before further orders are processed.

By signing below, I authorize The Pool Shower, Inc., to obtain any information required concerning this credit application hereon and affirm that the information is true and correct. In consideration of the extension of credit by The Pool Shower, Inc., to us, we agree to promptly pay all bills in accordance with the terms expressed on the invoice.

Signature: _____

Print Name: _____

Position: _____

CUSTOMER PROFILE

The Pool Shower, Inc.

P. O. Box 1850
(80 Midland Overlook)
Dallas, GA 30157
678-363-3939
Fax: 678-363-8391



In order to update our records and ensure the accuracy of your orders, please complete the following information and return to The Pool Shower, Inc., by mail of fax. If you have any questions about this form contact us by email or phone.

Date: ___/___/___ Existing Customer ___ New Customer
Your Name _____ Position: _____
Company Name _____ Branch Code or Number _____
Type of Business _____ Supervisor/Manager _____
Phone # _____ Ext: _____ Fax # _____
Email _____ Web Site _____
Street Address _____ City _____ State _____ Zip _____
Shipping Address _____ City _____ State _____ Zip _____
Bill to: (Corporate Office or Branch Name) _____
Billing Address _____ City _____ State _____ Zip _____
Billing Contact _____ Phone # _____ Fax # _____

Are purchase order numbers required with each order? ___yes ___no

Terms: Net 30

Upon receipt of your purchase order an Order Acknowledgement will be faxed to you. Please review the information on this form to ensure that it is correct.

We ship UPS Ground unless another carrier or express service is requested. At the time of shipment we will fax a Shipment Confirmation to you with the Tracking Number(s).

If you are not already a distributor and would like to become one, please go to our website and complete the "Reseller" form. We, in turn, will process your information and make it available on our "Distributor Locator."

Would you like for us to add your company information to the "Distributor Locator" on our website? Yes ___ No ___

What information would be helpful to you? ___Pricing ___Catalogs ___Counter Displays ___Brochures ___Show Room Setup

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT: Printed Name _____ Signature _____	Title: _____
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