PHONE NUMBER
727-572-9833

FLORIDA WATER BLAST, INC
CREDIT APPLICATION

FAX NUMBER
727-572-9926

Credit Amount Requested $_____ Date:_____
Company Name:_____ Telephone:_____
Address:_____
City:_____ State:_____ Zip:_____
Type of Business:_____
In Business Since:_____ At Above Address Since:_____

Business Structure: [] Corporation [] Partnership [] Individual

Name of Partners or Corporate Officers, if Applicable.

Name	Title	Address	City	State	Zip

Bank Reference
Bank_____ Branch_____ Acct. #_____
Address_____ City_____ State_____ Zip_____
Phone #_____ Fax #_____ Contact_____

Trade References (at least three)

Firm Name/Contact	Address, City, State, Zip	Phone# / Fax #
Firm Name	Street Address	Regular Phone
Contact	State/Zip	Fax
Firm Name	Street Address	Regular Phone
Contact	State/Zip	Fax
Firm Name	Street Address	Regular Phone
Contact	State/Zip	Fax

I understand the following and will abide by your company regulations.

1. Notify Florida Water Blast, Inc. of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date. We understand that no discounts are offered for early payments.
3. It is agreed that our company will pay 1.5% per month, which is 18% yearly for all past due balances.
4. It is agreed that our account will become C.O.D. if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgments against me at this present time. If our company defaults on payment of any outstanding valid invoices, we agree to pay attorney and/ or collection expenses.

I make the foregoing application for credit for the purpose of obtaining merchandise on an open account basis, and I hereby authorize the parties referenced above to release credit information for this purpose

_____

Name Title Date