

Internal use only:
Credit approval _____ Yes _____ No
Credit limit _____

Delta Water Processing LLC

Credit Application

Company Contact Information

Company Name _____ Date business commenced _____
Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Accounts Payable Contact _____
Phone _____ Email _____
How should invoices be delivered? Email Mail Both Tax Status _____
Type of business Sole proprietorship Partnership Corporation Other
Based on your anticipated volume with Delta Water Processing what limit are you requesting? _____

Bank Information

Bank Name _____ Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
Account number _____ Type of account Checking Savings Other

References

1. Company Name _____ A/R Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
2. Company Name _____ A/R Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____
3. Company Name _____ A/R Contact _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Agreement

- 1 Credit terms are Net 30 upon receipt of invoice. Invoices not paid within 30 days may be assessed a 2% per month finance charge. All accounts over 30 days will be placed on a C.O.D. basis and relinquish their privilege to credit until satisfactory credit is restored.
- 2 Claims arising from invoices must be made within seven working days.
- 3 By submitting this application, you authorize Delta Water Processing LLC to make inquiries into the banking and business/trade references that you have supplied.
- 4 Please attach a W-9 when returning the signed forms as well as a tax exempt form if applicable.

Signatures

Authorized Representative Name and Title (Print)

Signature

Date