



WATER TECH INDUSTRIES

For Official Use Only
Dealer Number: _____

DEALER APPLICATION

(Please print or type all information)

PROPOSED DEALERSHIP INFORMATION

(Specify exact name of company)

Doing Business as: _____
(If same as above, please indicate)

Check one: Individual Partnership Corporation Years in Business: ____ Type of Business: _____

Water Tech Industries application for: (Check all that apply)

Have appropriate contracts been signed and returned? →	<input type="checkbox"/> WTI Credit Application	<input type="checkbox"/> Rental Program	<input type="checkbox"/> Other
	<input type="checkbox"/> Signed and Returned	<input type="checkbox"/> Signed and Returned	<input type="checkbox"/> Signed and Returned

Sales Area Requested: _____
(Specify geographic area)

Business Address of Proposed Dealership: _____
Street City

State Zip Code Telephone Fax

E-mail address: _____ Website address: _____ Years at present location: _____

Number of employees: _____ Annual dollar volume: _____

Key personnel (List 3): _____

Name of Parent Company (if applicable): _____

Address: _____ Phone: _____

Merchandise Shipping Address: (If same as above, please indicate) _____
Street

City State Zip Telephone

Federal Tax ID Number: _____ Freight Line Preference: _____

FOR OFFICE USE ONLY	
Date: _____	Comments: _____
Credit Line: _____	_____
Terms: _____	_____
<input type="checkbox"/> Rental Growth Program	_____
<input type="checkbox"/> Financing	Approved By: _____

Please complete the following if this is a start-up business or sole proprietorship:

Name of Applicant: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number's: () _____ () _____ () _____
Home Business Fax

Social Security Number: _____ Date of Birth: _____
month/year

Home: Own Rent How long at present address? _____

If you are a homeowner, indicate your present home value: _____ Mortgage Balance: _____

Present Employer or Occupation:

Name	Address	Position	From	To	Income
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Previous Water Treatment or Sales Experience:

What is the proposed start-up date of your Water Tech Industries Dealership? ____/____/____

Capital available for start-up \$: _____

Source(s) of capital _____

Creditors with whom you have an open account: (All applicants, please complete)

- | | |
|--|--|
| <p>1. Bank Name _____ Branch _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Fax # () _____
 Account # _____ Contact _____</p> | <p>2. Bank Name _____ Branch _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Fax # () _____
 Account # _____ Contact _____</p> |
|--|--|

Other Credit References:

- | | |
|---|---|
| <p>3. Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Account # _____</p> | <p>4. Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Account # _____</p> |
| <p>5. Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Account # _____</p> | <p>6. Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone # () _____ Account # _____</p> |

The applicant warrants the accuracy of the above statement and authorizes Water Tech Industries to obtain a credit report.

 Company Name

X _____
 Applicant Signature and Title

 Date

X _____
 Applicant's Signature, Personally and Individually

All applications must be signed personally and individually. Please sign at both X's.



WATER TECH INDUSTRIES

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