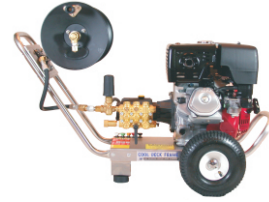
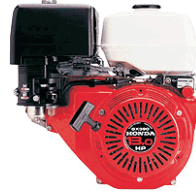
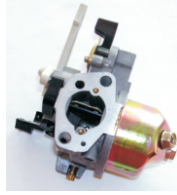




We Invite You To Apply For A WATER CANNON 30 Day Terms Account. Applicants Must Qualify for Credit Insurance



Credit Application (Fax Back To: 1-888-928-9274)

Name Of Firm _____

DBA Or Trade Name _____

Address (Bill To/Mail To) _____

_____ E-Mail _____

City, State & Zip Code _____

Telephone Number _____ Fax Number _____

Nature Of Business _____ Duns # (if available) _____

Date Business Was Started _____ Type Of Business: "S" Corp _____ "C" Corp _____ Partnership _____ Sole Proprietorship _____

Principals/Owners _____

Address _____ Telephone _____

Federal Tax ID
Or Social Security _____

Bank Reference

Bank Name _____

Telephone Number _____

Address _____

Contact Name _____

City, State & Zip Code _____

Account Number _____

Trade References - (Applicants Must Have A Minimum of 3 Verifiable Business/Trade Contacts)

Name _____ Acct# _____

Name _____ Acct# _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone # _____ Fax# _____

Phone # _____ Fax# _____

Name _____ Acct# _____

Name _____ Acct# _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone # _____ Fax# _____

Phone # _____ Fax# _____

I Hereby Authorize Water Cannon Inc, Seminole County, FL To Obtain The Necessary Bank And Trade Information On My Company. This Information Includes, But Is Not Limited To, Account Balances, Payment History, & the Amount Of Funds And/OR Credit Currently Available. All Information Obtained Will Remain Strictly Confidential. Thank You For Your Cooperation.

Signature

Printed Name & Title

Date

Fax To: Water Cannon @ 1-888-928-9274 Toll Free 24 Hours A Day
Or Mail To: 4044 W. Lake Mary Blvd Units 104-424 - Lake Mary, FL 32746-2012

Any Questions Call Our Customer Service Department
1-800-699-2551