

CREDIT APPLICATION AND AGREEMENT

Name of Business _____ Telephone _____ Fax _____

Mailing Address _____ City _____ State _____ Zip _____

Shipping Address _____ City _____ State _____ Zip _____

Form of Business: Corporation _____ State of Incorporation _____ Date of Incorporation _____

Sole Proprietorship _____ Date Started _____

Partnership _____ Date Started _____

Tax Exempt? Yes _____ No _____ (If yes, please provide exemption certificate)

IRS Identification # _____ State Tax # _____

Names of All Owners, Partners, or Officers SS# Residence Address, City, State, Telephone

1. _____

2. _____

3. _____

Business Banking Information:

Bank _____ Branch _____

Address _____ City _____ State _____ Zip _____

Bank Officer _____ Telephone _____ Fax _____ Account # _____

A

Trade or Credit References:

Name Address City State Zip Fax #

1. _____

2. _____

3. _____

Are you currently named as a Defendant in a Judgment? _____ If yes, please explain. _____

Please take note that an open credit account cannot, and, will not be opened, unless the information requested above is complete. Our terms are Net 30 days only. Your signatures below verify you are in agreement with our terms. Upon completion of this form and by signing below, please mail or fax to the numbers below.

Signature: _____ Date _____

CLEARWATER TECHNOLOGIES INC.
1025 EXCHANGE STREET
BOISE ID 83716
PHONE 208-368-0412 FAX 208-368-0415