



WHOLESALE DISTRIBUTORS
 Corporate Offices
 392 W. Winchester Street
 Murray, Utah 84107
 1-801-268-1565
 1-800-279-1906 Fax 1-801-263-3145



- 1) Fill out the credit information
- 2) Sign the Authorization
- 3) Fax your order & application
- 4) On approval of credit your order will be processed

**NEED IT FAST — USE
 CREDIT NOW**

TERMS: NET 15 DAYS — A hold will placed on your credit card in the amount of the invoice plus shipping. If invoice is not paid by check within 20 days, your credit card will be charged for the amount due unless prior arrangements have been.

PERSONAL INFORMATION (please print clearly)

Name: _____ Home phone: _____
 Home address: _____ City: _____
 State: _____ Zip Code: _____ - _____ SS# _____ - _____ - _____

COMPANY INFORMATION

Name: _____ Federal ID#: _____
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____ - _____
 Phone: _____ - _____ - _____ Fax: _____ - _____ - _____
 Email: _____ @ _____

CREDIT INFORMATION (required for **CREDIT NOW** program)

Card Name: **VISA** **MASTERCARD** **AMERICAN EXPRESS** **DISCOVER**

Name on Card: _____

Card Number: _____ Expiration Date: _____ V-Code: _____

THE FINE PRINT!

I have read the terms and conditions. I hereby authorize **HWP Inc./ Aquaquip** to charge my credit card any unpaid balance on my account that exceeds 20 days from the date of the invoice. **Customer** agrees that all dealings between **HWP / Aquaquip** will be governed and interpreted in accordance with the laws of the State of Utah and agrees to submit to jurisdiction of the courts of Utah to resolve any controversy arising out of said dealings. In the event **Customers'** account is placed for collection, **Customer** agrees to pay all collection and /or attorney's fee and court costs.

Signature: (signer on card) _____ **Date:** _____