



DATE _____

BRANCH CREDIT APPLICATION

LEGAL NAME _____ PHONE _____

SHIPPING ADDRESS _____ FAX _____

BILLING ADDRESS _____ WEB SITE _____
PHONE FAX E-MAIL

CUSTOMER CONTACT _____
PHONE FAX E-MAIL

A/P CONTACT _____

THIS COMPANY IS A BRANCH OF: _____

STATE & COUNTIES IN PRIMARY TERRITORY: _____

ARE PURCHASE ORDERS REQUIRED? _____ BUYING GROUP AFFILIATION (List Group) _____

ACCOUNT TYPE: Full-Line Distributor Special Industry Parts Distributor Service Provider Water Systems
 National Accts OEM Export Retail Other _____

REGIONAL SALES MGR _____ SALES REP & NO. _____

ESTIMATED ANNUAL PURCHASES \$ _____

ESTIMATED UNIT PRODUCT MIX:

Residential _____

Standard Commercial _____

Specialty Commercial _____

Total _____

Percentage of Distributor Water Heater Sales: _____ %

List Competitor(s) if Above is Less than 100% _____

APPROVAL:

INITIALS

DATE

Regional Sales Manager Approved _____

Director of Sales Approved _____

Vice-President of Sales Approved _____

CFO Approved _____