



H2O World Technologies, Inc.

Dealer Application

(Please print or type all information)

Company

(Please specify exact name of company)

Doing Business As:	
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(if same as above, please indicate)

Check One:	<input type="checkbox"/> Individual	Years in Business: _____	
	<input type="checkbox"/> Partnership		Type of Business: _____
	<input type="checkbox"/> Corporation		

H2O World Technologies, Inc. Application for:

(Please check all that apply)

<input type="checkbox"/> H2O Credit Application	<input type="checkbox"/> Rental Program	<input type="checkbox"/> Other
Signed & Returned \longrightarrow <input type="checkbox"/> Signed and Returned	<input type="checkbox"/> Signed and Returned	<input type="checkbox"/> Signed and Returned

(Please confirm that all appropriate contracts have been signed and returned)

Proposed Dealership

(Please specify a geographical area)

Sales Area Requested:	
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Business Address of Proposed Dealership:	Street Address:					
	City:		State:		Zip Code:	
	Telephone:	() -	Fax:	() -		

Email Address:	
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Website Address:	
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Years at Present Location	Number of Employees	Annual Dollar Volume

Key Personnel (List 3)

(Please include full name and title)

(1)	(2)	(3)
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Parent Company

(If applicable)

Name of Parent Company:	
Address:	
Phone:	

Merchandise Shipping Address

(If address is same as above then please indicate)

Merchandise Shipping Address:	Street Address:					
	City:		State:		Zip Code:	
	Telephone:	() -				

Federal Tax ID		Freight Line Preference	
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For Office Use Only

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

For Sole Proprietorships and/or Start-up Businesses: (Please complete the following)

Applicants Name:	_____	Date:	/ /	(mm/dd/yyyy)
Address:	_____	Telephone	() -	_____
	_____	Home Business Fax:	() -	_____
City:	_____	SSN:	- -	_____
State:	_____	DOB:	/ /	(mm/dd/yyyy)
Zip Code:	_____			(if you are a homeowner)
		Home Value:	\$	_____
		Mortgage Balance:	\$	_____

Present Employer or Occupation

Name:	_____	Address:	_____
Telephone:	_____	City:	_____
Fax:	_____	State:	_____
		Zip Code:	_____
Dates Employed:	From: / / To: / /		
Position:	_____	Income:	\$ _____

Previous Water Treatment or Sales Experience

Proposed Start-up Information

Start-up Date:	/ /	(mm/dd/yyyy)	Sources of Capital:	_____
Capital Available:	\$	_____		_____

