

SAFE WATER TECHNOLOGIES, INC.



CONFIDENTIAL CUSTOMER APPLICATION

Company Name: _____

DBA (if any): _____ Phone: _____ Fax: _____

Federal I.D. Number _____ E-Mail: _____

FEIN in the State of: _____ State Resale Number: _____

Billing Address: _____ Shipping Address: _____

"C" Corporation "S" Corporation LLC Partnership Other _____

Name of Owner(s): _____

President: _____ Purchasing Agent: _____

Vice President: _____ Accounts Payable: _____

Year Business Organized: _____ Was business started by the above officers or owners? Yes No

If no, how long present officers or owners in control? less than 2 years 2 to 5 years over 5 years

Bank Name: _____

Bank Address: _____ Bank Representative: _____

_____ Checking Account Number: _____

Business Description (Products and Services): _____

Industries Served: Aquaculture Manufacturing Municipal Commercial Industrial Pharmaceutical

Waste Water Residential Laboratory Remediation Government Organizations

Other _____

Types of Customers: End Users Dealers Distributors Assemblers Manufacturers Installers/Contractors

Name (Print): _____ Title: _____

Signature: _____ Date: _____