

Phone 480-446-2855 ~ Fax 480-446-2856 ~ Support@ReefH2O.com

CUSTOMER APPLICATION

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Commercial

Residential

Phone: _____ Fax: _____ Email: _____

Contact: _____ Position: _____ Email: _____

Other: _____ Position: _____ Email: _____

Websites: _____

Years in Business: _____ Locations: _____

All new customers must include a copy of their resale - sales tax license for the state they are located in.

Type of Business: (Check all that apply)

Retail Store

Service

E Commerce

Other (explain) _____

PAYMENT INFORMATION

Credit Card Type: _____ Card# _____ Expiration: _____

Name on Card: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Authorization: I authorize JAMS Pet Supply/ReefH2O to charge my credit card for orders.

Authorized Signature _____ Date: _____

Personal Guaranty: In the event of billing problems, charge backs, etc. I hereby personally guarantee to pay for any and all charges and/or collection fees incurred by the above listed company.

Name: _____ Signature: _____

Home Address: _____ Date: _____

City: _____ State: _____ Zip Code: _____