

**PURCHASER INFORMATION**

Please fill out this form and email to [ar@bel-aqua.com](mailto:ar@bel-aqua.com) or fax to 914.235.2588.

Company Name \_\_\_\_\_

First & Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Website \_\_\_\_\_

Shipping Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: (Check all that apply)

Dealer     Builder     Service     Pool     Spa     Installer     Store  
 Commercial     Residential    **PHTA:**     Member     Non-Member

How long have you been in business? \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Email \_\_\_\_\_

Purchasing Contact \_\_\_\_\_ Email \_\_\_\_\_

Do you require Purchase Order Numbers on orders? \_\_\_\_\_

**Bel-Aqua is required to collect sales tax in many states. If you have resale or exempt certificates, please provide them to us. For questions, please contact [ar@bel-aqua.com](mailto:ar@bel-aqua.com).**

PLEASE INCLUDE A COPY OF THE FOLLOWING:

1. Resale / Exempt Certificate (if applicable)
2. Business License
3. Swimming Pool License

BRIEFLY DESCRIBE YOUR BUSINESS: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**CREDIT / DEBIT ATM CARD AUTHORIZATION FORM**

Please fill out this form if you would like us to note your account as a "credit card" account. Each time you place an order we will run your credit card for payment. You can also use this form if you would like to use a credit card for a single purchase. If you would like your account to be set up this way, we will need to get the following information. **Please print clearly.**

**Please provide a clear copy of credit card FRONT and BACK and copy of driver's license. This form can be mailed or faxed back to us.**

Bel-Aqua Customer # (if applicable) \_\_\_\_\_  
Customer Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

**CREDIT CARD INFORMATION**

Name on Card \_\_\_\_\_  
Card# \_\_\_\_\_  
Authorization Code# \_\_\_\_\_ (after Credit Card number on back of card)  
Expiration Date \_\_\_\_\_  
Check One:    \_\_\_ VISA Credit Card    \_\_\_ Mastercard Credit Card    \_\_\_ AMEX  
                  \_\_\_ VISA Debit ATM Card    \_\_\_ Mastercard Debit ATM Card    \_\_\_ Discover  
Billing Address of Credit Card:  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Driver's License ID# and State \_\_\_\_\_

**To Whom It May Concern:**

By this letter or facsimile, I am authorizing Bel-Aqua Pool Supply Inc. to charge my credit card listed above for:

Single Purchase \_\_\_\_\_ Blanket Purchases \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**LIST 3 TRADE REFERENCES (required for credit)****Reference #1** Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_

**Reference #2** Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_

**Reference #3** Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax # \_\_\_\_\_

**PURCHASER'S BANKING INFORMATION**

Principal \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Company Bank \_\_\_\_\_ Bank Phone \_\_\_\_\_

Bank Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURES**

I, the undersigned, hereby assume all responsibility personally for any debts incurred by \_\_\_\_\_ (**Your Company Name**) to Bel-Aqua Pool Supply, Inc., for merchandise purchased by me or anyone representing my firm.

The undersigned also agrees to abide by Bel-Aqua Pool Supply, Inc. policies, procedures, and payment terms.

It is understood that a late payment charge of 1-1/2% per month will be assessed against balances outstanding over thirty days. The undersigned agrees to pay such late charges, if incurred.

The undersigned further agrees to pay all costs of collection or costs of attempting to collect delinquent payments, including reasonable attorney fees, filing fees, court costs, etc.

Your Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Date \_\_\_\_\_

SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZATION TO OBTAIN CREDIT REPORT**

I authorize Bel-Aqua Pool Supply Inc. or its agents to obtain a credit report on the business and/or the responsible individuals.

I further authorize & permit Bel Aqua or its agents to obtain updated information annually and on future occasions for collection purposes should that be deemed necessary.

Upon my request, the above party or its agents will provide me with the name & address of the Reporting Agency contacted to supply the report. I understand that the credit inquiries have the potential to impact my credit score.

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Signature

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Date

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Printed Name

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Social Security number

*Additional Party:*

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Signature

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Date

---

Printed Name

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Social Security number