

RHOMAR WATER MANAGEMENT, INC.  
CREDIT APPLICATION  
PO Box 229 • Springfield, MO 65801  
Ph: 800-543-5975 • Fax: 417-862-6410

Company: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Contacts: 1. \_\_\_\_\_ Pos./Title: \_\_\_\_\_

2. \_\_\_\_\_ Pos./Title: \_\_\_\_\_

A/P Contact \_\_\_\_\_ Phone #: \_\_\_\_\_

**Business References:**

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Company: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

Are you sales tax exempt? \_\_\_\_\_

If so, please fax sales tax exemption certificate to 417-862-6410.

Bank Name: \_\_\_\_\_

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

Bank Acct#: \_\_\_\_\_ Bank Ph#: \_\_\_\_\_

Please return via fax: 417-862-6410 or email: [officemgr@rhomarwater.com](mailto:officemgr@rhomarwater.com)

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**STATEMENT OF UNDERSTANDING AND AUTHORIZATION:**

I represent all information, statements, and answers recorded above or attached to this application are full, correct and true to the best of my knowledge.

I authorize Rhomar Water Management, Inc. to conduct credit and business reference checks as required.

I understand that the submittal of this application does not constitute any obligation to purchase anything whatsoever, nor does it obligate Rhomar Water Management, Inc. to sell to the applicant.

I agree that certain information provided to me by Rhomar Water Management, Inc. shall be considered as confidential, and I will safeguard that confidentiality to the best of my ability.

I understand that Rhomar Water Management, Inc. considers the information submitted on this application as confidential and will to the best of their ability safeguard that confidentiality.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

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