



"Almost Anything for the Swimming Pool"



4653 W. Lawrence Ave • Chicago, IL 60630-2588

Phone (773) 286-6300  
(800) 777-SWIM (7946)  
Fax (773) 286-1024  
E-Mail: info@halogensupply.com

### NEW ACCOUNT APPLICATION

Email Address \_\_\_\_\_  
This is where invoices will be sent.

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

Address \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

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

Description of Business \_\_\_\_\_

Website \_\_\_\_\_ Year Established \_\_\_\_\_

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

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

#### Purchaser's Principles or Officers:

1.) Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Res. Address \_\_\_\_\_

\_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

2.) Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Res. Address \_\_\_\_\_

\_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

**CONTINUED ON THE NEXT PAGE OF THIS AGREEMENT**



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Credit Desired \$ \_\_\_\_\_ (fill out this information if you desire credit)

Purchaser requests credit in the amount set forth above. Purchaser certifies that all the information on this agreement is correct. Purchaser fully understands the credit terms and agrees to the proper and prompt payment and performance of its obligations in consideration of Halogen's agreement to extend credit.

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

Finance: Bank \_\_\_\_\_

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

Bank Officer/Department \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Acct No. \_\_\_\_\_

Three firms where open credit has been extended to you during the past year must be listed in the spaces below. Do not use utility companies, auto dealers, or finance companies.

1.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

2.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

3.) Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_



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### **Credit Card Authorization Form**

Please fill out this information 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.

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

CVV Code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Address of Credit Card:

Address \_\_\_\_\_

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

Driver's License # and State \_\_\_\_\_

#### **To Whom it May Concern:**

By this letter or facsimile. I am authorizing Halogen Supply Co. to charge my credit card for purchases.

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

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