



AWMS Water Solutions, LLC

One American Way • Warren, Ohio 44484-5555 • Phone (330) 856-8800 • Fax (330) 856-8465

Dear Valued Customer:

Thank you for your interest in AWMS Water Solutions, LLC. In attachment to this letter you will find two forms that are necessary for AWMS Water Solutions, LLC's processing and approval of your account for the requested credit extension.

1. The "Customer Credit Application" - This form should be completed in its entirety and faxed to the attention of Bunny Bronson at 330-856-8465 (or) it can be mailed to our corporate office at:

AWMS Water Solutions, LLC
Attn: Bunny Bronson
One American Way
Warren OH 44484-5555

2. The "Request for Bank Information" – Provided is a form letter for information required from your bank. The bank name, address, account name and account number should be completed and the form is to be signed by the authorized personnel. This form should be returned with the credit application.
3. The following information is being provided to you so you may set up AWMS Water Solutions, LLC as an approved vendor for your company.
 - A.) The Federal ID # for AWMS Water Solutions, LLC is 45-2526303.
 - B.) Our payment terms are net 30 days from invoice date. The remittance address on our invoices is AWMS Water Solutions, LLC, One American Way, Warren, OH 44484-5555.
 - C.) Any questions you may have related to the proposals you receive or additional information regarding AWMS Water Solutions, LLC can be directed to Mark Cawthorne at 330-856-8857.
 - D.) Any question you may have related to your account or invoices received can be directed to Bunny Bronson at 330-856-8839 or Delores Alexee at 330-856-8808.

We wish at this time to extend to you our thanks for your patronage and goal to have a mutually satisfying relationship with you, our future customer.

Sincerely,

Bunny Bronson
Credit Manager
AWMS Water Solutions, LLC
Phone 330-856-8839
Fax 330-856-8465

AWMS Water Solutions, LLC Credit Application and Agreement

This Application must be completed in full and signed to be processed.

| | | | | |
|--|-----|--|-------|------------------|
| Legal Business Name ("Buyer") | | DBA Name (if different) | | |
| Business Address | | City | State | Zip |
| Phone | Fax | E-mail | | |
| Billing Address | | City | State | Zip |
| Nature of Company <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Public <input type="checkbox"/> Private | | | | Date Established |
| D & B No. (DUNS No.) | | Sales Tax Exempt? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, attach exemption certificate) | | |
| | | State of formation: _____ | | |
| | | Federal Tax ID: _____ | | |

Billing Information:

| | | |
|--|--|------------------------|
| Credit Amount Requested: \$ _____ Please attach most recent financial statement if credit amount requested exceeds \$10,000. You will not be permitted to exceed your approved credit limit. Accordingly, your requested credit limit should be in an amount equal to the maximum aggregate accounts payable you will incur including unbilled work in progress. | | |
| Billing Contact Person | Billing Contact Phone | Billing Contact E-mail |
| Special Billing Instructions (Please give details): | | |
| Do you utilize Purchase Orders? <input type="checkbox"/> Yes <input type="checkbox"/> No | How often and when does your firm issue accounts payable checks? | |

Key Management Members and/or Owners:

| | | |
|--------------------------|-------|--------|
| President/Owner | Phone | E-mail |
| Treasurer/CFO | Phone | E-mail |
| Accounts Payable Manager | Phone | E-mail |

Bank References:

| Bank Name | Account Number | Fax Number | Phone | Bank Contact |
|-----------|----------------|------------|-------|--------------|
| | | | | |
| | | | | |

Trade References:

(Please include at least two trade creditors. Do not include utilities as credit references.)

| Name | Address | Fax Number | Phone |
|------|---------|------------|-------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

If Business is Owned by Another Company:

| | | | |
|------------------------|------|-------|-----|
| Parent Company Name | | | |
| Parent Company Address | City | State | Zip |

Buyer represents and warrants to AWMS Water Solutions, LLC that the individual executing this Application is authorized to do so on behalf of Buyer and the information set forth on this Application is accurate and complete. Buyer authorizes the release of credit/financial information to AWMS Water Solutions, LLC, whether herein or pursuant to a subsequent application or request. Buyer further authorizes AWMS Water Solutions, LLC to obtain such information from banks, credit bureaus and other creditors. Buyer agrees that in any proceeding to enforce this Agreement, AWMS Water Solutions, LLC will be entitled to recover its costs, including reasonable attorney's fees and collection agency fees, from Buyer.

All invoices are due within thirty (30) days of date of invoice regardless of whether Buyer has received payment from Buyer's customer. Unless AWMS Water Solutions, LLC is notified in writing of any error prior to the due date of the invoice, such invoice shall be deemed to be correct and accurate as presented. If Buyer fails to pay any invoice within such thirty (30) day period, Buyer shall pay AWMS Water Solutions, LLC a service charge on the outstanding balance commencing from the due date at a monthly rate of the lesser of one and one-half percent (1 ½%) or the maximum rate allowed by law. AWMS Water Solutions, LLC may at any time set off against any amount AWMS Water Solutions, LLC or an affiliate of AWMS Water Solutions, LLC owes Buyer any amount owed by Buyer to AWMS Water Solutions, LLC. AWMS Water Solutions, LLC may cease providing services to Buyer, if in its sole discretion AWMS Water Solutions, LLC determines that Buyer is in breach of this Agreement or any other financial obligation or if AWMS Water Solutions, LLC becomes insecure with respect to Buyer's creditworthiness. This Agreement supersedes all prior and contemporaneous representations, negotiations and verbal or written communications relating to the subject matter thereof. A facsimile of this Agreement will be deemed an original.

CREDIT TERMS ARE NET 30 DAYS FROM THE DATE OF INVOICE

The undersigned Buyer hereby applies for credit upon the terms and conditions set forth herein:

Company Name: _____

Authorized Signature: _____ **Date** _____

Signatory Name (Print): _____

Title: _____

Return completed application to:
AWMS Water Solutions, LLC
Attention: Credit Manager
One American Way
Warren, OH 44484
Phone: 330.856.8800
Fax: 330.856.8465

For Company Use Only

| | | |
|---|---------------------------------------|-----------------|
| Terms Applying for: <input type="checkbox"/> COD <input type="checkbox"/> Net 30 <input type="checkbox"/> Other _____ | Term Approved: _____ | Sales Rep _____ |
| Credit Amount Approved: _____ | Declined – COD/Cash in Advance: _____ | |
| Applicant: <input type="checkbox"/> New <input type="checkbox"/> Existing – Being Renewed <input type="checkbox"/> Existing – Requesting increase in Credit Limit | | |
| Customer Number: _____ | Date Added: _____ | |
| Credit Manager Approval: _____ | Committee Approval: _____ | |



AWMS Water Solutions, LLC

Corporate Office: One American Way • Warren, Ohio 44484-5555 • Phone (330) 856-8800

(Bank Name)
(Fax)

RE: Account Name: _____
Address: _____
Account No.: _____

Gentlemen:

In conjunction with a credit application we recently submitted to AWMS Water Solutions, LLC they have requested that you provide them with information regarding our relationship with your bank. We would appreciate your taking the time to fill in the information below and return this form by fax directly to AWMS Water Solutions, LLC Attn: Credit Department at fax # (330) 856-8465.

- 1.) Dealing with Customer Since: _____
- 2.) Nature of Relationship: _____
- 3.) Depository Account Average Balance: _____
- 4.) Lending Account: Secured _____ Unsecured _____
- 5.) High Credit: \$ _____ Terms _____
- 6.) Any Non-Sufficient Returns? _____ Stop Payment? _____
- 7.) Collateral (If Any): _____
- 8.) Comments: _____

Bank Employee Completing Form: _____

I HEREBY AUTHORIZE THE ABOVE NAMED BANK TO DISCLOSE THE STATUS OF MY ACCOUNT TO AWMS Water Solutions, LLC.

Customer Name

Print Name and Title

Signature

Date