

## A2O Water Company Credit Application

|                      |                       |
|----------------------|-----------------------|
| Product of Interest: | Loan Amount (credit): |
|----------------------|-----------------------|

### Section A - Applicant Information

|                                                                                                                                                                        |                |                   |                               |                    |                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-------------------------------|--------------------|--------------------------------|
| Name (Last, First, Middle)                                                                                                                                             |                |                   |                               |                    |                                |
| Birthdate                                                                                                                                                              | Home Telephone | Other Telephone   | Driver's License Number       | State of Issue     | Social Security No.            |
| Present Address (Street, City, State & Zip)                                                                                                                            |                |                   |                               | Do you own/ rent?  | How long at present residence  |
| Previous Address (Complete if less than 3 years at present address)                                                                                                    |                |                   |                               | Did you own/ rent? | How long at previous residence |
| Email:                                                                                                                                                                 |                |                   |                               |                    |                                |
| Employer (Company Name & Address)                                                                                                                                      |                |                   |                               |                    | How long at current job        |
| Business Phone                                                                                                                                                         | Ext.           | Position or Title | Salary per Month<br>Gross: \$ |                    |                                |
| Previous Employer (Company Name & Address)                                                                                                                             |                |                   |                               |                    | How long                       |
| Name and Address of nearest Relative not living with you                                                                                                               |                |                   |                               | Relationship       | Telephone Number               |
| Sources of Other Income:                                                                                                                                               |                |                   |                               |                    | Amount Per Month:              |
| Is any income listed in this section likely to be reduced before the credit request is paid off?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) |                |                   |                               |                    |                                |

### Section B - Joint Applicant or Other Party Information

|                                                                                                                                                                        |                |                   |                               |                                    |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------|-------------------------------|------------------------------------|-------------------------------|
| Name (Last, First, Middle)                                                                                                                                             |                |                   |                               |                                    |                               |
| Birthdate                                                                                                                                                              | Home Telephone | Other Telephone   | Driver's License Number       | State of Issue                     | Social Security No.           |
| Present Address (Street, City, State & Zip)                                                                                                                            |                |                   |                               | Relationship to Applicant (if any) | How long at current residence |
| Email:                                                                                                                                                                 |                |                   |                               |                                    |                               |
| Employer (Company Name & Address)                                                                                                                                      |                |                   |                               |                                    | How long at current job       |
| Business Phone                                                                                                                                                         | Ext.           | Position or Title | Salary per Month<br>Gross: \$ |                                    |                               |
| Previous Employer (Company Name & Address)                                                                                                                             |                |                   |                               |                                    | How long                      |
| Name and Address of nearest Relative not living with you                                                                                                               |                |                   |                               | Relationship                       | Telephone No.                 |
| Sources of Other Income:                                                                                                                                               |                |                   |                               |                                    | Amount Per Month:             |
| Is any income listed in this section likely to be reduced before the credit request is paid off?<br><input type="checkbox"/> No <input type="checkbox"/> Yes (Explain) |                |                   |                               |                                    |                               |

**Section C - Asset & Debt Information**

| <b>Assets</b>                          |                                      |                  |       |
|----------------------------------------|--------------------------------------|------------------|-------|
| Description of Assets                  | Name in which the account is carried | Subject to debt? | Value |
| Checking account Number(s):<br>(where) |                                      |                  | \$    |
| Savings Account Number(s):<br>(where)  |                                      |                  |       |
| Total Assets                           |                                      |                  | \$    |

| <b>Outstanding Debts</b>       |                                  |                  |                             |
|--------------------------------|----------------------------------|------------------|-----------------------------|
|                                |                                  | Monthly Payments | Estimated Balance Remaining |
| Landlord or mortgage holder    | ___ rent payment<br>___ mortgage | \$               | \$                          |
| Auto Loan (if applicable)      |                                  | \$               | \$                          |
| Name of two current creditors: |                                  | \$               | \$                          |
| 1                              |                                  | \$               | \$                          |
| 2                              |                                  | \$               | \$                          |
| Total Debts                    |                                  |                  |                             |

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

|                                                                                                    |          |
|----------------------------------------------------------------------------------------------------|----------|
| Are you a co-maker, endorser, or guarantor on any loan or contract? ___No ___Yes If yes, for whom? | To whom? |
| Are there any unsatisfied judgments against you? ___No ___Yes If yes, to whom owed?                | Amount?  |
| Have you been declared bankrupt in the last 10 years? ___No ___Yes If yes, where?                  | Year?    |

Signatures-- I certify that everything I have stated in this application and on any attachments is true and correct. You may keep this application whether or not it is approved. By signing below I authorize A2O Water Company to check my credit and employment history and agree that a credit report may be obtained and used in making the credit granting decision. I understand that I must update credit information at your request if my financial condition changes. I also represent that I am at least 18 years of age. I agree that I am applying to A2O Water Company and its affiliates for a credit account for the use of a water treatment system.

\_\_\_\_\_  
**Applicant's Signature**                      **Date**

\_\_\_\_\_  
**Joint Applicant/ Co-Signer/ Guarantor**                      **Date**