



Fort Bend Services, Inc.
Water & Waste Treatment Specialists

Date: _____

Customer Information

Company Name: _____ Web/URI _____

Phone _____ Fax _____

Parent Company Name: _____

Phone _____ Fax _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Ship to Address: _____ City: _____ State: _____ Zip: _____

Principals Names _____

Addresses: _____ City: _____ State: _____ Zip: _____

Is your company:

Corporation Partnership Proprietorship LLC

Federal I.D. # _____ Duns # _____

Are Taxes Current: YES NO Have you or any principals ever declared bankruptcy? YES NO

If yes, please explain: _____

Do you require a Purchase Order? YES NO

Is your company taxable? YES NO if no, please provide a tax exempt or resale certificate

Who is authorized to make purchases? Names: _____

Phone: () _____ Fax: () _____

Email: _____

Who Is the Account's Payable Contact? Name: _____

Phone: () _____ Fax: () _____

Email: _____

office: 281.261.5199 ♦ toll free: 800.933.3678 ♦ fax: 281.261.2295

office: 13303 Redfish, Stafford, TX 77477 ♦ mailing: PO Box 1688, Stafford, TX 77497

www.fortbendservices.com

Reference Information:

Banking Information (In order to process your application, a contact name and fax number must be listed.)

Bank: _____ Contact: _____
Address: _____ Account No: _____
Phone: _____ Fax: _____

Please List Three Current Suppliers/Creditors: (In order to process your application a contact name and number **MUST** be listed.)

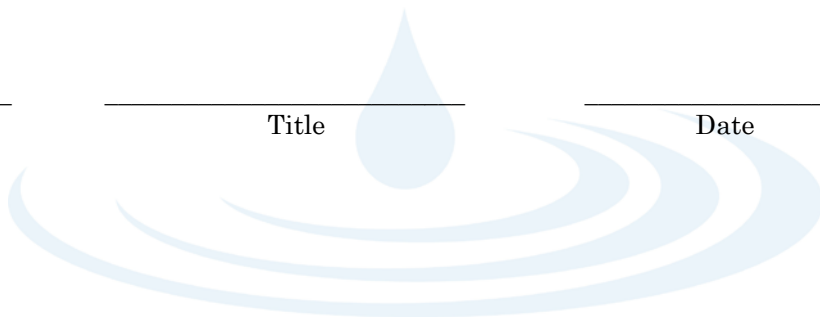
Name & Address: _____
Creditors Name Address City State Zip Code
Phone: () _____ Contact: _____ Fax: () _____
Account Number: _____
High Credit _____ Current Balance: _____ Amount Past Due: _____

Name & Address: _____
Creditors Name Address City State Zip Code
Phone: () _____ Contact: _____ Fax: () _____
Account Number: _____
High Credit _____ Current Balance: _____ Amount Past Due: _____

Name & Address: _____
Creditors Name Address City State Zip Code
Phone: () _____ Contact: _____ Fax: () _____
Account Number: _____
High Credit _____ Current Balance: _____ Amount Past Due: _____

We authorize our Banks, Creditors/Suppliers to release credit history to Fort Bend Services, Inc. We acknowledge that Fort Bend Services, Inc. credit terms are net thirty (30) days from invoice from invoice date and that all invoices over net thirty (30) days will be charged interest at the rate of 1% per month (18% per annum) on the unpaid balance.

Signature Title Date





Fort Bend Services, Inc.
Water & Waste Treatment Specialists

FORT BEND SERVICES, INC.
13303 REDFISH LANE * STAFFORD, TX 77477
(281) 261-5199 * FAX (281) 261-2295

TERMS AGREEMENT

The undersigned (*'Purchaser'*) agrees that all purchases made by Purchaser from **FORT BEND SERVICES, INC.** and affiliated entities (*'Seller'*) are subject to the following terms and conditions.

1. All amounts due for goods and services purchased from Seller are payable at the Seller's Post Office Box 1688, Stafford, Texas 77497-1688. Purchaser acknowledges that such amounts are not payable in installments, but are payable in full in United State Funds as states herein.
2. All amounts due Seller are payable in accordance with the payment terms granted by Seller Credit Department from which the goods and services are delivered. If any amount due Seller is not paid in accordance with such payment terms, a delinquency charge shall be added to the sum due, which charge shall equal the amount obtained by multiplying the delinquent balance by Lesser of (a) one and one half percent (1.1/2%) per month or (b) the maximum Lawful rate permitted to be charged under the applicable State's law.
3. Purchaser shall pay Seller a service charge of \$45.00 for any and all returned checks by Sellers bank for any reason.
4. Purchaser understands that an individual credit report and/or Personal Guaranty may be required for extension of credit.
5. In the event the account is turned over to an attorney or other agency for collection, or suit is brought on same, or the same is collected through any judicial proceeding whatsoever, Purchaser shall pay all reasonable attorney's fee and court costs incurred by Seller.
6. Purchaser shall notify Seller by certified mail of any change of ownership of Purchaser. Purchaser warrants to Seller that all financial information furnished for the purpose of obtaining credit is true, correct and complete in all material respects, and Purchaser authorizes Seller to investigate all references furnished pertaining to the credit and financial responsibility of the Purchaser.
7. Terms - **Net 30 Days.**

Company Name: _____

Printed Name: _____ Title: _____

Signature: _____

Date: _____

office: 281.261.5199 ♦ toll free: 800.933.3678 ♦ fax: 281.261.2295

office: 13303 Redfish, Stafford, TX 77477 ♦ mailing: PO Box 1688, Stafford, TX 77497

www.fortbendservices.com



Fort Bend Services, Inc.

13303 Redfish Lane

Stafford, TX 77477

Phone: (281) 261-5199 Fax: (281) 261-2295

Date: _____

Company Name: _____

Telephone # _____

Subject: Authorization to Release Banking Account Information.

To Whom It May Concern:

This is to Certify that (Bank Name) _____,
is authorized to release all banking information on account number: _____
requested by Fort Bend Service, Inc. concerning all deposits and /or loan information.

Please fax all information to:
Fort Bend Services, Inc.
Attn: Tammy L. Faber
Fax # 832-539-0007

Authorized Signature: _____

Title: _____ Date: _____