FILTER EXPRESS, L.L.C., P. O. BOX 1113, GARDEN CITY, KS 67846
620-276-0506 (off), 620-276-8433 (fax)

CUSTOMER APPLICATION

Special Note: *All questions must be answered or the application may be declined*

CUSTOMER NAME	**IF BUSINESS, CHECK ONE: ( ) Corporation ( ) Partnership ( ) Proprietership ( ) LLC ( ) Individual**
MAILING ADDRESS	**HOME PHONE #**
MAILING CITY, STATE, ZIP CODE	**CELL/OTHER PHONE #**

# OF PEOPLE IN HOUSEHOLD	**SPOUSE/ROOMMATE NAME**
EMPLOYER	**EMPLOYER**
ANNUAL INCOME	**ANNUAL INCOME**
POSITION WORK #	**POSITION WORK #**
YEARS EMPLOYED	**YEARS EMPLOYED**
SSN OR EIN	**SSN OR EIN**
DL # & State	**DL # & State**
BIRTHDATE	**BIRTHDATE**

CREDIT REFERENCES (NAME, ADDRESS & PHONE #)	**ACCOUNT #**	**ACCOUNT TYPE**

BANK REFERENCES (NAME, ADDRESS & PHONE #)	**ACCOUNT #**	**ACCOUNT TYPE**

BUSINESSES ONLY

(LIST OWNERS WITH GREATER THAN 5% OWNERSHIP) Use additional sheet, if necessary

Name, Title, Address, Phone #	**SSN**	**% of ownership**
ARE PURCHASE ORDERS REQUIRED?	**WHO WILL ISSUE THE PO'S?**	

I authorize Filter Express, LLC to verify any and all information listed above. I also authorize any credit references to give Filter Express, LLC any and all information about myself. All information given to Filter Express, LLC is true and concise to the best of my knowledge.

I agree to all terms and conditions outlined on this application.

SIGNATURE **DATE**

SIGNATURE **DATE**

Customer will be billed for all products and services with payment due thirty (30) days after the invoice date. Any sums not paid when due will bear interest at a rate of one and one-half (1.5%) percent per month. Deliveries will be made on the next regularly scheduled delivery day following the request.