



**TOTAL WATER TREATMENT SYSTEMS, INC**

5002 WORLD DAIRY DRIVE

MADISON, WI 53718

PHONE: 608-221-2236

FAX: 608-221-7328

Today's Date: \_\_\_\_\_

<p><b>Business Information:</b></p> <p>Business Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>ZIP Code: _____ Phone: _____</p> <p>Purchase Order # (if required): _____</p> <p>Person(s) authorized to order: _____</p> <p>_____</p>	<p><b>Bill to address</b> (if different from service address):</p> <p>A/P Co Name: _____</p> <p>A/P Address: _____</p> <p>A/P City: _____ State: _____</p> <p>ZIP Code: _____ Phone: _____</p> <p>A/P Contact Name: _____ Ext: _____</p> <p>Federal ID #: _____</p> <p>Bank Name: _____</p> <p>Tax Exempt #: _____</p>
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<p><b>Owner's Info:</b></p> <p>Bus. Owner's Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____</p> <p>ZIP Code: _____ Phone: _____</p> <p>SSN: _____</p> <p>Birth date: _____</p> <p>(If less than 2 years at present address)</p> <p>Previous Address: _____</p> <p>City: _____ State: _____</p> <p>ZIP Code: _____ Phone: _____</p>	<p><b>Spouse's Info:</b></p> <p>Spouse's Name: _____</p> <p>SSN: _____</p> <p>Birth date: _____</p> <p>Spouse's Employer: _____</p> <p>Employer Address: _____</p> <p>City: _____ State: _____</p> <p>ZIP Code: _____ Length of Time: _____</p>
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For your convenience, Total Water Treatment Systems also has automatic payment options available to you.  
 Ask your representative for details.

**I hereby authorize Total Water Treatment Systems to check my credit history.**

**Customer Signature:** \_\_\_\_\_

Do you  OWN or  RENT? If renter, you must have landlord's permission for equipment installation.

Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_