



Pool Master, Inc.  
2432 W. Peoria Avenue #1225  
Phoenix, AZ 85029  
Phone: 602 870-4000  
Fax: 602 870-4009

### NEW CUSTOMER INFORMATION SHEET

Service or Delivery Location:

Company or Complex Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Ownership:

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ (check one)

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

If Incorporated, under what state? \_\_\_\_\_ Date of incorporation: \_\_\_\_\_  
Federal tax ID Number \_\_\_\_\_

Officers/Partners/Owners:

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Agent/Management:

Name \_\_\_\_\_ A/P Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

**A BANK AND AT LEAST TWO TRADE VENDORS WITH FAX NUMBERS IS REQUESTED**

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Contact \_\_\_\_\_  
Address \_\_\_\_\_ Account No \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Fax \_\_\_\_\_

Company _____	Company _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone _____	Telephone _____
Fax _____	Fax _____

I hereby authorize the above to release credit information to Pool Master, Inc. to establish a credit account.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_