



Veolia Water Technologies Inc. dba ELGA, 5 Earl Court, Unit 100, Woodridge IL 60517-7622

Tel: (630) 343-5251 – Fax: (630) 910-4798 - Email: elga.orders@veolia.com

Please submit this form along with your most recent W9 certificate, and a copy of your tax exempt or resale certificate(s).

CREDIT VERIFICATION

Company Name: _____

Type of Ownership: Corporation Partnership Individual

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Date Business Established: _____ Date Incorporated: _____

Name of Officer: _____ Title: _____

Contact Person: _____ Title: _____

Phone: _____ Email: _____

Dun & Bradstreet #: _____ Federal Tax ID #: _____

Tax Exempt : Yes No

***** IF YES, PLEASE PROVIDE A COPY OF YOUR TAX EXEMPTION OR RESALE CERTIFICATE(S) *****

APPLICANT’S AUTHORIZATION & AGREEMENT

In support of this application, **Veolia Water Technologies, Inc. (VWT)** is hereby authorized to obtain information from the applicant’s banks and other firms with whom they do business. Upon acceptance of this application, it is agreed that all purchases shall be paid in full and in accordance with **VWT** terms of Net 30. It is understood that all orders are subject to the ongoing approval of the **VWT** credit department and that should **VWT** find it necessary to obtain assistance in collecting any past due balances, the buyer agrees to pay all past due, attorney, and collection fees.

The buyer agrees to inform **VWT** of any material negative change in the condition of their company and of any changes in the management of ownership and to update the information on this application when requested to do so.

Officer’s Name (printed): _____

Officer’s Signature: _____

Company Name: _____ Date: _____

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Printed date: 04/25/23	UNCONTROLLED, CHECK ISSUE BEFORE USE.	

CREDIT VERIFICATION

1 Company: _____ Contact: _____
Address: _____ City / State / Zip: _____
Phone: _____ Email: _____

2 Company: _____ Contact: _____
Address: _____ City / State / Zip: _____
Phone: _____ Email: _____

3 Company: _____ Contact: _____
Address: _____ City / State / Zip: _____
Phone: _____ Email: _____

One Bank Reference

Name of Financial Institution: _____
Address: _____ City / State / Zip: _____
Phone: _____ Fax: _____
Account: _____