

Date

ORDER WORKSHEET

First Name				Last Name			
Referring De	aler			Phone Number	er		
Email Addres	SS						
Billing Addre	ss:						
City:			State:		Zip:		
Shipping Address (☐ Same as Billing):							
City: State:					Zip:		
SKU			Item			Qty	Price
Subtotal:							
						Shipping:	
						Tax:	
				-		Total:	
				L		Total.	
Card Type ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover							
Card Number							
Expiration Date CVC Code							
Payment Type ☐ Credit Card ☐ Splitit ☐ Affirm* ☐ AquaFinance**							
*Must complete application online. **Must complete a separate application.							
Splitit Payment Calculator							
Total	Term (Months) Monthly Payment (Total / Term #)						
I, the undersigned cardholder, authorize UltraWater Solutions to charge my credit card for purchases related to goods and services outlined above.							
Splitit: I understand that Splitit will place an authorization hold on my card for the total purchase amount, minus the first payment. I understand the authorization will fall off within 5 – 7 business days and, in rare cases, it may take up to 30 days. I authorize my credit card to be charged monthly for the							
length of the term, or until paid in full. I understand that if a monthly payment is declined, I am given 7 days to resolve with my credit card provider or							
change card information. After 7 days, if the transaction is still declined, I understand that my card will be charged with the full outstanding amount using the last successful authorization.							
Authorized Cardholder's Name							
Authorized Cardholder's Signature							