



Credit Application

SOLENOID VALVES • CONTROL VALVES • HEAT EXCHANGERS • INSTRUMENTATION • ADDITIONAL SOLUTIONS

Date: _____

BILL TO ADDRESS

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

SHIP TO ADDRESS (If different than above)

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Business: _____ Year Est.: _____

Estimated Monthly Purchases in \$'s: _____

Please check basis on which you usually pay merchandise bills:

- Discount
- 30 Days
- 45 Days
- 60 Days
- 90 Days

Ownership:

- Individual
- Partnership
- LLC
- Corporation

Which state is your company incorporated: _____

Tax Exemption Number: _____

Accounts Payable Contact: _____ Phone Number: _____

Please List all Owners, Partners or Officers:

Name: _____ Title: _____ Phone No: _____

Name: _____ Title: _____ Phone No: _____

Name: _____ Title: _____ Phone No: _____

Name: _____ Title: _____ Phone No: _____



Credit Application

SOLENOID VALVES • CONTROL VALVES • HEAT EXCHANGERS • INSTRUMENTATION • ADDITIONAL SOLUTIONS

CURRENT SUPPLIERS

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone #: _____

Phone #: _____

Fax #: _____

Fax #: _____

Financial Institution: _____

Contact: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

I hereby certify the information supplied above is true and correct.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Please return to Attention: Grace Rodgers

Office Use Only	
Application Date:	_____
Approved By:	_____
Credit Limit:	_____