



## Credit Application Form

Please complete and return form to customerservice@reversopumps.com or fax (954) 522-0456.

**Date** \_\_\_\_\_

**Company Name** (if applicable) \_\_\_\_\_

**Contact** Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Billing** Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping** Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Country \_\_\_\_\_

### Accounts Payable

Name \_\_\_\_\_ Email Address \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

### Principals or Corporate Officers

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Corporation     Partnership     Proprietorship     Individual

If a corporation, date of corporation \_\_\_\_\_ State of \_\_\_\_\_

Type of Business \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Tax Exempt  No     Yes, Resale Certificate Tax ID # \_\_\_\_\_



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### Bank References

Bank Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Rep. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Account # \_\_\_\_\_

Bank Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Rep. Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Account # \_\_\_\_\_

### Trade References

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Credit Manager Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Credit Manager Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Credit Manager Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Company \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Credit Manager Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

The information on this application is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Reverso Pumps, Inc. to contact credit references pertaining to its financial responsibility. In applying for credit the applicant agrees that should credit be extended to the company or individual, payments are to be made in accordance with terms set forth on applicable invoices. Past due account, 30 days or over, are subject to time price differential of 1.5% per month (18% per annum). Should the services of any agency or attorney be necessary to collect amounts outstanding, I (We) agree to pay all cost of such collection including reasonable attorney's fees.

**Authorized Contact** *(print)* \_\_\_\_\_

**Date** \_\_\_\_\_

**Authorized Signature** \_\_\_\_\_