



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 # _____



Credit Application Form

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 _____