

Reverso Pumps, Inc.
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www.reversopumps.com
contact@reversopumps.com



New Customer Account Form

Date _____
Name _____ Phone: () _____ Fax: () _____
Billing Address _____
City _____ State _____ Zip _____
E-mail Address _____
Shipping Address _____
City _____ State _____ Zip _____
Accounts Payable Contact _____
Special Instructions _____

Principals or Corporate Officers

Name	Address	Title
_____	_____	_____
_____	_____	_____

Corporation Partnership Proprietorship Individual

If Corporation, Date of Incorporation _____ State of _____
Type of Business _____
Federal Tax ID number _____
Tax Exempt (yes / no) if yes resale certificate ID number _____
Dun & Bradstreet Number _____
Bank References _____ Address _____ Type of Acct / Number _____

Trade References

Company Name _____ Address _____ City/State/Zip _____ Phone () _____ Fax () _____ Credit Manager Name _____ Email _____	Company Name _____ Address _____ City/State/Zip _____ Phone () _____ Fax () _____ Credit Manager Name _____ Email _____
Company Name _____ Address _____ City/State/Zip _____ Phone () _____ Fax () _____ Credit Manager Name _____ Email _____	Company Name _____ Address _____ City/State/Zip _____ Phone () _____ Fax () _____ Credit Manager Name _____ Email _____

In applying for credit the undersigned agrees that should credit be extended to my company or myself individually, 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.

Signed _____ Title _____
Print Name _____ Phone _____