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CREDIT APPLICATION

NAME _____

BILL TO _____ SHIP TO _____

PHONE # _____ FAX _____

E-MAIL _____

CORPORATION PARTNERSHIP PROPRIETORSHIP LLC

OFFICERS: _____ ADDRESS _____

PROPRIETORSHIP SOCIAL SECURITY # _____

ACCOUNTS PAYABLE NAME _____ PHONE # _____

HOW LONG IN BUSINESS _____ PURCHASE ORDER: Yes / No RESALE: Yes / No

SALES TAX # _____ STATE _____

TRADE REFERENCES

NAME / ADDRESS / FAX & PHONE #

1. _____

2. _____

3. _____

AUTHORIZED SIGNATURE _____ TITLE _____ DATE _____

(unsigned application will be returned)

I/We understand the account is to be paid in full due the 10th of each month. Accounts over 30 days are subject to 1.5% per month finance charge. In the event that collection efforts become necessary, I/We agree to pay all attorney's fees.

"We Fix Things That Suck"