



P.O. Box 386
4133 Courtney Street, Unit 2
Franksville, WI 53126

Phone: (262) 835-0774
Fax: (262) 835-0549
ashley@pumpsolutions1corp.com

Please provide the following information so we can better serve you.

Company Name: \_\_\_\_\_

Bill To Address: \_\_\_\_\_ Contact: \_\_\_\_\_
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
Fax: \_\_\_\_\_
Email: \_\_\_\_\_

Ship To Address: \_\_\_\_\_ Contact: \_\_\_\_\_
Title: \_\_\_\_\_
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
Fax: \_\_\_\_\_
Email: \_\_\_\_\_

Additional Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
Title: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Ext: \_\_\_\_\_
Title: \_\_\_\_\_ Fax: \_\_\_\_\_
Email: \_\_\_\_\_

Preferred Payment Type: Master Card Visa AMEX Check EFT

\*If you prefer to pay by check or EFT, payment terms are Net 30 Days and a credit application must be submitted.

If shipping to WI or IL, are you tax-exempt? YES NO

\*IF YES, PLEASE PROVIDE A TAX EXEMPT CERTIFICATE

Are the products you purchase for resale? YES NO

What is the nature of your business?

What specific pump brands do you service and/or have in your facility?

Do you have any applications you wish to review with your representative? YES NO

Do you have any other information you would like to share to help us serve you?

Please contact me if you have any questions. When completed, please fax or email at your earliest convenience.

Thank you for your time,
Ashley Johnson
Office Assistant

Your source for pumps and parts!
www.pumpsolutions1corp.com



## Credit Application

Company Name: \_\_\_\_\_

It is important that all information is filled out completely. You will be notified when your credit has been processed. If you do not receive notification please contact Ashley at 262-835-0774 or [Ashley@pumpsolutions1corp.com](mailto:Ashley@pumpsolutions1corp.com). Pump Solutions #1 Corporation enforces **Net 30 Day** payment terms.

### Trade References:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Account Number: \_\_\_\_\_

\* Please Provide Tax Exempt Form if applicable

8/5/2014

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