



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

Phone: (262) 835-0774
Fax: (262) 835-0549
chee@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: _____
Title: _____ Phone: _____ Ext: _____
Fax: _____
Email: _____

Additional Contact: _____
Title: _____ Phone: _____ Ext: _____
Fax: _____
Email: _____

Additional Contact: _____
Title: _____ Phone: _____ Ext: _____
Fax: _____
Email: _____

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,
Stacy Shoemaker
Office Manager, Inside Sales & Accounting

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

Last updated 4/29/2010



Credit Application

Company Name: _____

Dun & Bradstreet Rating: _____ Requested Payment Terms: Net _____ days

Please fill out this information and the information on the attached page for our records. It is important that all information is filled out completely. You will be notified when your credit has been processed. If you do not get notification please feel free to call and speak to Chee at 262-835-0774.

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

P.O. Box 386
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Franksville, WI 53126

Phone: (262) 835-0774
Fax: (262) 835-0549

Illinois Phone: (847) 606-5137
Illinois Fax: (847) 516-0086

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