



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 Stacy 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
4133 Courtney Rd. – Unit 2
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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