PUMP SOLUTIONS #1
CORPORATION

Company Information

Company name:_____

Bill to Address:_____

Ship to Address: _____

General Phone:_____ Fax:_____

Accounting Phone:_____ Ext:: _____ Fax:_____

Accounting Contact:: _____

Purchasing Phone:_____ Fax:_____

Purchasing Contact:_____

Maintenance Contact:: _____

Are you tax-exempt? Yes No Depends on the situation

*If Yes, Please provide Tax Exempt Certificate

Are the Scot Pump products you purchase for resale? Yes No

What service or product do you provide?

What type of application do you use Scot pumps for?

Would you like us to send you our current Scot Pump information? Yes No

Would you like a representative to visit you? Yes No Maybe

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

Please feel free to call me if you have any questions. When completed, please fax to the number listed below.

Thank you for your time,

Stacy Shoemaker
Inside Sales and Accounting

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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