



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

Phone: (262) 835-0774
Fax: (262) 835-0549
ashleyw@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: _____

A/P Contact: _____
Title: _____

Phone: _____ Ext: _____
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 Westrich
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. Pump Solutions #1 Corporation enforces **Net 30 Day** payment terms.

If you do not receive notification please contact Ashley at 262-835-0774 or Ashleyw@pumpsolutions1corp.com.

Trade References:

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax Number: _____
Contact Name: _____
Email: _____ Account Number: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax Number: _____
Contact Name: _____
Email: _____ Account Number: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax Number: _____
Contact Name: _____
Email: _____ Account Number: _____

Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: _____ Fax Number: _____
Contact Name: _____
Email: _____ Account Number: _____

*** Please Provide Tax Exempt Form if applicable**

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