CREDIT APPLICATION

BUSINESS CONTACT INFORMATION			
Company name:			
Ap contact:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
UBI Number Or SSN			
Duns Number			

BUSINESS/TRADE REFERENCES			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. A 1.5% finance charge will apply on past due balances.

4. To pay all costs associated with the collection of my account in the event it becomes delinquent including attorney's fees and other fees to which National Pump Supply might be entitled.
5. By submitting this application, you authorize National Pump Supply to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES	
Title: Date:	Title: Date:

National Pump Supply
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Seattle, WA 98101
1-800-781-7405
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email: Sales@NationalPumpSupply.com