

BPH PUMP & EQUIPMENT, INC.

Date: _____ Phone: _____

Name of Firm: _____

Fax: _____

Trade Style (DBA): _____ Date established: _____

Billing Address: _____ Fed. ID No: _____

City: _____ State: _____ Zip: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Description of Business: _____

1. Sole Proprietorship 2. General Partnership 3. Corporation, if yes: Private Public

Note: If # 1 or #2 is checked, please fill in the following:

Name of Principals	Residential Street Address	City/Zip Code	SSN#
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1. _____

2. _____

3. _____

Tax Status: Taxable Resale **Note: Please send a copy of your Tax Cert if applicable.**

Estimated Annual Purchases: \$ _____

Rated in D&B? Yes No Rating: _____ D-U-N-S# _____

Trade References:

Name	Street Address	City/Zip Code	Phone & Fax (include area code)
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1. _____

2. _____

3. _____

Bank References:

Name	Street Address	City/Zip Code	Phone & Fax (include area code)
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1. _____

Account Number _____ Type of Account: _____

2. _____

Account Number: _____ Type of Account: _____

The above information is provided for the purpose of obtaining credit and is warranted to be true. We hereby authorize BPH Pump and Equipment to whom this application is made to investigate the references listed related to our credit and financial responsibility.

Signature

Signature

Name

Name