

Backflow Parts USA
Credit Application
888-396-6202

Please Complete and return to: FAX #: 602-788-6104
OR Email: info@backflowpartsusa.com

Legal Business Name _____

Business Address _____

City / State / Zip _____

Business Phone: _____ Business FAX: _____

Federal Tax ID # _____

Resale #: _____ Contractor License # _____

Type of Business: _____

How Long in Business at this Address: _____

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Partnership or Proprietorship

Name Home Address SS#

1. _____

2. _____

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Corporation

Title Name Address SS#

President _____

Vice Pres. _____

Secretary _____

Treasurer _____

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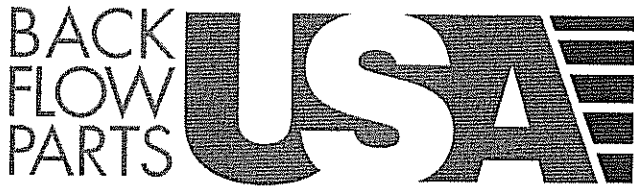
Bank _____

Branch _____

Account# _____

Contact Officer: _____

Phone# _____



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Principal Suppliers

Name	Address	Phone#
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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We herein make application to Backflow Prevention Device Inspections, Inc. for credit. If credit is granted, we promise to pay all bills as terms dictate. In event payment is not made and this account is referred for collection, we will pay costs of collection equal to a minimum amount of twenty-five percent of the principal amount. We also understand interest on any unpaid balance will be charged at the highest rate authorized by law. If suit or action by an attorney is instituted, we promise to pay attorney fees in said suit or action.

BY: _____

Owner, Corporate Officer, Co-Partner

Date: _____

The undersigned agrees to unconditionally guarantee payment of all sums owed pursuant to this Agreement and further agrees to its terms regarding venue. This is intended to be and is a continuing guarantee and shall not be revoked by written notice to creditor.

BY: _____

Personal Guarantor

Date: _____