



CREDIT APPLICATION

Date of Application: _____

Business Name:	
Address:	
Phone Number:	
Account Payable Email:	

Principal Contact	
Name:	
Address:	
Phone Number:	
Email Address:	

Proprieter Type:	Sole Proprietorship: <input type="checkbox"/> Partnership: <input type="checkbox"/> Corporation: <input type="checkbox"/>
Business Start Year:	
Federal Tax ID or SS:	

Are you tax exempt?	Yes <input type="checkbox"/> (Attach copy) No <input type="checkbox"/>
Have you had credit with us?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Active Bank References	
Name:	
Address:	
Phone Number:	
Account Number/Type:	
Loan Number:	

Name:	
Address:	
Phone Number:	
Account Number/Type:	
Loan Number:	

Active Trade References	
Company Name & Contact:	
Address:	
Email Address:	
Phone Number:	

Company Name & Contact:	
Address:	
Email Address:	
Phone Number:	



206 W 6th Street
West Wyoming, PA 18644
1-855-482-2634

***Any tax exempt distributor, please attach your Tax Exempt form.



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Active Trade References	
Company Name & Contact:	
Address:	
Email Address:	
Phone Number:	

Company Name & Contact:	
Address:	
Email Address:	
Phone Number:	

Company Name & Contact:	
Address:	
Email Address:	
Phone Number:	

Credit Limit Desired \$: <div style="background-color: #ADD8E6; width: 150px; height: 20px; margin-top: 5px;"></div>	Will C.O.D. be acceptable until application is final? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a current order placed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Complete Name of Owner(s):	
Home Address:	
Social Security Number:	

1. Applicant verifies that the above information is true and correct and grants permission for any financial institution or trade supplier to release any and all information which may periodically be requested by Automag Zone Valves ("Seller"). Applicant has a continuing obligation to update the above information to guarantee its accuracy. Seller is also authorized to obtain a credit bureau report on the applicant's individual owners or partners.
2. Applicant understands and accepts Sellers' Credit terms specified on the invoice or contract, and agrees to pay not later than the invoice due date.
3. A service charge of 1.5% per month or the maximum rate permitted by applicable state law, whichever is less, may be charged on all past due balances.
4. In the event of the delinquency of any account and Seller places the account balance with a collection agency or attorney, the customer agrees to pay all collection costs, reasonable attorneys' fees, and other legal expenses incurred in the collection of said account, regardless of whether judicial action is undertaken.

Signature Title Date

Signature Title Date

IF PROPRIETORSHIP OR PARTNERSHIP, OWNER MUST SIGN; IF CORPORATION, TWO OFFICERS MUST SIGN