

Backflow Parts USA Credit Application

Please return completed form to:

Email: info@backflowpartsusa.com or Fax: 602-788-6104

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:					
Partnership or Proprietorship					
Name	Home Address		Social Security #		
1:					
2:					
<u>Corporation</u>					
Name	Address		Social Security #		
President:					
Vice Pres:					
Secretary:					
Treasurer:					



Backflow Parts USA 888-396-6202

Accounting		
Bank:	Account #:	
Contact Officer:	Phone #:	
Branch:		
Principle Suppliers		
Name	Address	Phone #
1:		
2:		
is granted, we promise to paccount is referred for colle twenty-five percent of the balance will be charged at	pay all bills as terms dictate. In evection, we will pay costs of collect principal amount. We also under	w. If suit or action by an attorney is
Signature:		Date:
Owner, Corpoi	rate Officer, Co-Partner (E-signatu	res will not be accepted)
this agreement and furthe	unconditionally guarantee paymer agrees to the terms regarding vershall not be revoked by written no	enue. This is intended to be and is a
Signature:		Date:
Perso	nal Guarantor (E-signatures will n	not be accepted)