



**APPLICATION  
FOR  
CREDIT**

Legal Name of Company: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Would you like to receive your invoices via email? \_\_\_\_\_  
Nature of your business: \_\_\_\_\_ Years in business: \_\_\_\_\_  
If a corporation, please list state of incorporation: \_\_\_\_\_  
Federal ID #: \_\_\_\_\_ DUNS#(if applicable) \_\_\_\_\_  
If company is not a corporation please indicate principals information below and attach a copy of your certificate of doing business. Please attach additional sheet if more than two (2) principals:  
Principal \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_  
Principal \_\_\_\_\_ Title: \_\_\_\_\_ SS# \_\_\_\_\_  
Projected Weekly /Monthly Sales (indicate) \$ \_\_\_\_\_  
Credit Limit Requested \$ \_\_\_\_\_

**Type of Organization:**  
\_\_\_\_ Partnership  
\_\_\_\_ Sole Proprietorship  
\_\_\_\_ Corporation

**TRADE REFERENCES**

(complete the following or attach reference sheet)

COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**Potential Service:**

#of Jobs Pumped Weekly: \_\_\_\_\_ Avg # of Yds per job: \_\_\_\_\_



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**BANK REFERENCE**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE & ZIP: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

For the purpose of obtaining services on Credit, or for the extension of credit, I make the following statement in writing, intending that you should rely thereon regarding the Company's financial condition. I also give my authorization for you or your agent to contact any appropriate third parties or credit agencies to verify the accuracy of information submitted and to retain such information for its records. I understand this information is being relied upon in considering this application.

The information given on this application will be used solely for the purpose of establishing credit and credit limit with our company. We understand your terms and conditions and submit our application for approval. In making this application for credit, I agree that acceptance of your service constitutes an agreement to the Terms stated on each invoice. In the event of default of the account and placement of the amount for collection, I agree to pay any and all reasonable collection and/or attorney fees and costs, which may be incurred. If credit is granted, I agree to all the above terms of this agreement. I understand that this agreement cannot be changed or terminated orally. Upon your granting of credit, I agree:

1. To pay you the amount of each invoice upon receipt of each invoice.
2. Default in payment on any portion of the account shall make the entire account balance due and payable.

The terms of this agreement and any applicable service agreement and your applicable books of account, including invoices and time cards, constitute the entire agreement between us; waiver by you of any default or provision of the agreement shall not be a waiver of any other or later default or provision. I also authorize you to contact my banking and trade references.

**Date:** \_\_\_\_\_  
**Company Name** \_\_\_\_\_  
**By:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Return to Corporate Credit Department:**  
**3950 Dickerson Pike Nashville, TN 37207**  
**Credit Dept Phone (615) 299-9899 Fax (615) 216-2154 e-mail:**  
**info@pumppartners.com**

<b>For Office Use Only</b>	
____ Credit Check Submitted	Credit    __ Approved    __ Declined
Account # _____	Credit Line \$ _____