

Mainline Backflow Products Application for Credit

Date _____
Full Company Legal Name _____
Trade / Division Name _____
(if different from above)

Mailing Address

Street Address _____
City _____ Province _____
Country _____ Post Code _____
Phone # (_____) _____ Fax # (_____) _____
President _____ Controller _____
Accounts Payable Contact _____
Type of Business _____
Number of Years in Business _____
Federal Tax ID# (EIN) _____
State Tax Exemption Certificate (Send Copy)

Credit References

Creditor _____
Address _____
Phone # (_____) _____ Fax # (_____) _____

Creditor _____
Address _____
Phone # (_____) _____ Fax # (_____) _____

Creditor _____
Address _____
Phone # (_____) _____ Fax # (_____) _____

Creditor _____
Address _____
Phone # (_____) _____ Fax # (_____) _____

Principal Bank _____
Address _____
Phone # (_____) _____ Fax # (_____) _____

Application Completed by _____

