



Leaders in water measurement and control

CREDIT APPLICATION

Company Name: _____ Phone: _____

Address: _____ Email: _____

Owner(s) Name: _____ Years in Business _____

_____ Number of Employees _____

Accounts Payable Contact: _____
(name) (phone)

Bank Reference: Name _____

Address _____
(street) (city) (state) (zip)

Contact Person: _____ Contact Phone: _____

Please list three trade references (or provide your Company's standard credit reference list):

Company Name: _____ Phone: _____

Address _____ Fax: _____

Company Name: _____ Phone: _____

Address _____ Fax: _____

Company Name: _____ Phone: _____

Address _____ Fax: _____

Our Terms are Net 30 Days
w/continual monthly business.

All shipments are F.O.B., Grand Haven, MI 49417