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APPLICATION FOR CREDIT

Please complete the following information and return to Depco.

COMPANY INFORMATION

Complete name of firm: _____

Business Structure: Individual Owner: _____ Partnership: _____ Corporation: _____

Name of owner(s) / partners(s): _____

Purchasing Contact Name: _____

Purchasing E-mail: _____

Address: _____

City: _____ State: _____ Zip _____

Phone #: _____ Fax #: _____

Website: _____ Type of Business: _____

BILLING INFORMATION

Company Name: _____ A/P Contact Name: _____

Address: _____ A/P E-mail: _____

City _____ State: _____ Zip _____

Phone #: _____ Fax #: _____

Fed ID #: _____ DUNS#: _____

Is this the *Parent Company*? Yes ___ No ___ Do you require Purchase Orders? Yes ___ No ___

Do you require statements? Yes ___ No ___ *If YES* Emailed? ___ Faxed? ___ US Mail? ___

How would you like your invoices sent ? Emailed? ___ Faxed? ___ US Mail? ___

Is the **Shipping** address the same as the Company Address? Yes ___ No ___
 If NO, indicate shipping address (if shipping address will vary or be provided per order, *please leave blank*):

BUSINESS REFERENCES

Company Name: _____

A/R Contact: _____ Phone #: _____ Fax #: _____

Company Name: _____

A/R Contact: _____ Phone #: _____ Fax #: _____

Company Name: _____

A/R Contact: _____ Phone #: _____ Fax #: _____

Terms Upon Approval: A charge of 1.50% per month (the annual rate is 18.00%) will be billed on all past due amounts. In the event of nonpayment, purchaser shall pay all collection costs including, but not limited to, collection fees and reasonable attorney fees. Net 30 days **U. S. Funds Only**. Accounts over 15 days past due are subject to COD status.

Please Note: If you are a Florida customer and are tax exempt please include a copy of your company's tax resale certificate.

Printed Name: _____ Signature: _____

Title: _____ Date: _____