

PO Box 6820, Clearwater, FL 33758 (727) 446-1656 (800) 446-1656 Fax (727) 446-7867 Email: info@depcopump.com Website: www.depcopump.com



Please complete the following information and return to Depco.

COMPANY INFORMATION

Business Structure: Individual Owner: Partnership: Corporation: Name of owner(s) / partners(s):	Complete name of firm:				
Purchasing Contact Name: Purchasing E-mail: Address: City:	Business Structure: Individual Owner:	Partnership:		Corporation:	
Purchasing E-mail: Address: City:	Name of owner(s) / partners(s):				
Address:	Purchasing Contact Name:				
City: State: Zip Phone #: Fax #: Type of Website: Business: Business: BILLING INFORMATION Company Name: A/P Contact Name: Address: A/P E-mail:	Purchasing E-mail:				
Phone #: Fax #: Type of Business: BILLING INFORMATION Company Name: A/P Contact Name: Address: A/P E-mail: City State: Phone #: Fax #: Fed ID #: DUNS#: Fed ID #: DUNS#: Foo you require statements? Yes	Address:				
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):	City:	State:	Zip		
Website: Business: BILLING INFORMATION Company Name: A/P Contact Name: Address: A/P E-mail: City State: Zip Phone #: Fax #: Fed ID #: Do you require Purchase Orders? Yes	Phone #:				
Company Name:	Website:				
Address: A/P E-mail: City State: Zip Phone #: Fax #:	BILLING	INFORMATION			
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/P Contact Name	e:		
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How would you like your invoices sent ? Emailed? Faxed? US Mail? Is the Shipping address the same as the Company Address? Yes No	Is this the <i>Parent</i> Company? Yes No	Do you require Purchase	e Orders?	Yes No	
Is the Shipping address the same as the Company Address? YesNo	Do you require statements? Yes No	If YES Emailed?	Faxed?	US Mail?	
If NO, indicate shipping address will vary or be provided per order, please leave blank): BUSINESS REFERENCES Company Name:	How would you like your invoices sent ?	Emailed?	Faxed?	US Mail?	
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Company Name:	Company Name:				
A/R Contact: Phone #: Fax #: Company Name:	A/R Contact: Pho	ne #:	Fax #:		
Company Name:	Company Name:				
A/R Contact: Phone #: Fax #: <u>Terms Upon Approval:</u> 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.	A/R Contact: Pho	ne #:	Fax #:		
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Printed Name: Signature:	Printed Name:	Signature:			
	Title:	lle: Date:			
Date:					