

CONFIDENTIAL CREDIT APPLICATION

RETURN BY FAX TO: (585) 424-5619 ATTENTION: CREDIT DEPARTMENT



2883 Brighton-Henrietta TL Road P.O. Box 22909
Rochester, New York USA 14692-2909
Tel: (585) 292-8000 Fax: (585) 424-5619
Email: phartley@idexcorp.com

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APPLICANT

APPLICANT NAME: _____ TEL#: _____
COMPANY NAME: _____ FAX#: _____
E-MAIL ADDRESS: _____

ADDRESS

BILL-TO ADDRESS: _____ SHIP-TO ADDRESS: _____

ATTN: _____ ATTN: _____

ACCOUNTS PAYABLE CONTACTS

CONTACT NAME: _____ TEL#: _____
EMAIL ADDRESS: _____ FAX#: _____
MANAGER NAME: _____ TEL#: _____
EMAIL ADDRESS: _____ FAX#: _____

CREDIT RATING

DUNN & BRADSTREET® NUMBER: _____

BANK

BANK NAME: _____ ACCT#: _____
BANK ADDRESS: _____
BANK TEL#: _____ BANK FAX#: _____
BANK OFFICER IN CHARGE OF ACCOUNT: _____

BUSINESS DESCRIPTION

YEAR ESTABLISHED: _____ NAME OF PARENT COMPANY: _____
TYPE OF BUSINESS: OEM DISTRIBUTOR DEALER
 ENGINEERING FIRM END USER
 OTHER _____
FORM OF BUSINESS: CORPORATION PARTNERSHIP PROPRIETORSHIP
 OTHER: _____

OFFICERS OF THE BUSINESS

NAME: _____ TITLE: _____
NAME: _____ TITLE: _____
NAME: _____ TITLE: _____

TAXES

IS MERCHANDISE FOR RESALE? YES NO (ATTACH EXEMPTION CERTIFICATE)
LOCAL TAX I.D. NUMBER: _____

MANUFACTURER OF QUALITY PUMPS AND CONTROLS

PULSAFEEDER CREDIT APPLICATION EPO V103

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CREDIT REFERENCES LIST (MINIMUM OF 3 REQUIRED)

COMPANY:	_____	TEL#:	_____
ADDRESS:	_____	FAX#:	_____
	_____	CONTACT:	_____
COMPANY:	_____	TEL#:	_____
ADDRESS:	_____	FAX#:	_____
	_____	CONTACT:	_____
COMPANY:	_____	TEL#:	_____
ADDRESS:	_____	FAX#:	_____
	_____	CONTACT:	_____
COMPANY:	_____	TEL#:	_____
ADDRESS:	_____	FAX#:	_____
	_____	CONTACT:	_____
COMPANY:	_____	TEL#:	_____
ADDRESS:	_____	FAX#:	_____
	_____	CONTACT:	_____

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I authorize Pulsafeeder Inc. to contact the above credit references. I further authorize those parties to release information as it pertains to the credit worthiness of the applicant organization of which I am an officer.

AUTHORIZED SIGNATURE: _____

TITLE: _____ DATE: _____