

Email completed form to: john@sanitaryfittings.us

APPLICANT COMPANY INFORMATION		
Company Name:		
Address:		
City:	State:	Zip:
Phone:	Fax:	
President/CEO:	A/P Contact:	
Applicant Firm is: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Proprietorship		
Federal Tax ID # or Social Security # if a proprietorship:		
Corporation or LLC Formed:		State of Incorporation:

BANK REFERENCE		
Bank:		
Address:		
City:	State:	Zip:
Phone:	Contact:	Account #:

CREDIT REFERENCES		
Company:		Account #:
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

Company:		Account #:
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

Company:		Account #:
Address:		
City:	State:	Zip:
Phone:	Fax:	Contact:

CREDIT TERMS AND CONDITIONS
Applicant warrants that the above information is true and accurate. I/we hereby authorize Sanitary Fittings, LLC to contact the references to investigate Applicant's credit and financial responsibility. I certify that on behalf of Applicant, I am familiar with the terms shown on "Terms and Conditions of Sale" page in Sanitary Fittings, LLC price list, and that failure to abide by the terms and conditions shown may result in interest and/or late fees being assessed to Applicant's account.

Authorized Signature: X	Print Name:	Date:
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